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# REMARKS

## ON THE

# DISEASE,

## COMMONLY CALLED

# A FISTULA in ANO.

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By PERCIVALL POTT, F.R.S.  
And SENIOR PRINCIPAL SURGEON  
to St. BARTHOLOMEW's-HOSPITAL.

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—Dumque nimis jam putrida membra recidit,  
Excessit medicina modum; nimumque secuta est,  
Quâ morbi duxere manus. LUCAN.

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The SECOND EDITION.

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L O N D O N:

Printed for L. HAWES, W. CLARKE, and R. COLLINS,  
in Pater-noster-Row. M.DCC.LXVII.



TO  
Mr. STAFFORD CRANE,  
AND  
Mr. ROBERT YOUNG,  
PRINCIPAL SURGEONS  
to St. BARTHOLOMEW's-HOSPITAL.

## GENTLEMEN,

THE truth of the doctrine, and the success of the practice, contained, and recommended in the following sheets, are perfectly well known to you.

This is one reason, why I have  
prefixed your names to them.

BUT I have another, and that, to me, a more powerful one. Educated in the same Hospital, we have

iv DEDICATION.

passed the greater part of our lives in an uninterrupted course of friendly communication: and I am very glad to embrace this, and every, opportunity of testifying, how pleasing such correspondence has always been, and still is, to,

GENTLEMEN,

*Your very sincere Friend,*

*and most obedient Servant,*

Watling-Street,  
Oct. 1765.

Percivall Pott.

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*IT has been said, that when a man thinks that he can, by publishing his opinion, derive any benefit to his fellow-creatures, he has no reason to be anxious about making an apology for such publication.*

*This, within a certain limitation, is true ; but taken in its full extent, may be urged as an excuse for obtruding that on the world, which may not be worth its acceptance.*

Possibly the following Sheets may be thought to come within that predication.

The only defence I have to make for them is, that from the most diligent and most frequent inquiry into the general method of treating the disease in question, I am convinced, that such method may be considerably improved; that is, may be rendered less painful, more expeditious, and more successful.

I should be very sorry to have it thought, that I meant, by this, to signify, that my opinion on this subject is different from that of all my brethren: I know, it is not: I know, that there are some gentlemen of the profession,

who think of it, as I do: but I also know, that a very different doctrine is inculcated, and a very different method followed, by the majority of writers, practitioners, and teachers.

The number of those who have had frequent opportunities of seeing this kind of disease, is not large, compared to that of those, who are daily liable to be called to the care of it: the number of those who reflect on what they see, or read, and who take the liberty of thinking for themselves, is still smaller; so that the precepts delivered by such as have obtained any degree of reputation, do almost necessarily become rules of practice to the multitude.

I have, on this occasion, carefully perused almost every writer of character on the subject ; and think, that I may venture to say, that they are all either defective, or erroneous : they either pass the disease over lightly, and without that regard, which it certainly requires, and deserves ; or subject it to a method of cure, which is operose, painful, tedious, and unnecessarily productive of future evil.

The term Cutting for a Fistula, conveys to a patient a terrible idea ; and this terror is not a little increased by his incapacity of seeing the part diseased. The majority of writers have greatly increased, rather than lessened, this dread : and, as the operation is (under their directions) sometimes per-

performed, it is, indeed, a very severe one: a great part of this severity appears to me to be unnecessary; and I cannot help thinking, that a more serious reflexion on the parts concerned in the disease, and on its different nature, in different states and circumstances, would lead us to a more rational method of treating it, and to a more easy and expeditious cure.

To point such method out is the intention of the following tract.

In the execution of it, I have sometimes found myself under a necessity of controveſting the opinions of ſome gentlemen of deserved emi- nence: if I have done this with de- cency and good manners, no apology is necessary. The honour of our art, and

and the moral characters of its professors suffer, whenever we pay so blind deference to any one, as prevents us from using our own judgments, and from declaring freely the result of our inquiries or experiments. Truth, as Lord Bacon has said, is not the child of authority, but of time. And were we to allow ourselves to suppose, (let the subject be what it may, provided it be liable to experiment) that nothing more, or new, could be taught, it is pretty clear, that nothing more, or new, would be learnt.

I therefore hope, that the freedom which I have used, either in relating the opinions, or in objecting to the practice of others, will not be attributed to an invidious disposition to find fault;

fault; but merely to a desire of being serviceable to mankind in that way, in which, I flatter myself, that I may be, in some degree capable; and of improving, as much as in me lies, the very necessary, and universally-useful Science, of SURGERY.

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OF THE  
**FISTULA IN ANO.**

## S E C T. I.

**L**E A R and precise definitions of diseases, and the application of such names to them as are expressive of their true and real nature, are of more consequence than they are generally imagined to be: untrue or imperfect ones occasion false ideas; and false ideas are generally followed by erroneous practice.

It would be no difficult matter to produce instances of disorders, whose treatment has, for a great length of time, been accommodated more to the titles imposed

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upon them, than to their true and real character: among these, my present subject is a most glaring proof.

THE custom of giving the appellation of Fistula to every impostumation, and to every collection of matter formed near to the Anus, has, by conveying a false notion of them, been productive of such methods of treating them, as (though, perhaps, suited to such idea) are diametrically opposite to those which ought to be pursued: such as have often rendered those cases tedious and painful, which might have been cured easily and expeditiously; and consequently such as have brought disgrace on our art, and unnecessary trouble on mankind.

A SMALL orifice or outlet from a large or deep cavity, discharging a thin gleet, or fancies, made a considerable part of the idea, which our ancestors had of a fistulous sore, wherever seated. With the term fistulous they always connected a notion of callosity; and, therefore, whenever they found such a kind of opening yielding such sort of discharge, and attended with any degree of induration, they called the complaint a Fistula. Imagining this callosity to be a diseased

diseased alteration made in the very structure of the parts, they had no conception that it could be cured by any means, but by removal with a cutting instrument, or by destruction with escharotics: and, therefore, they immediately attacked it with knife or caustic, in order to accomplish one of these ends: and very terrible work (by their own accounts) they often made, before they did accomplish it.

SEVERAL of the abovementioned circumstances do frequently attend collections of matter near to the rectum; and therefore, for want of proper attention to the true nature of the case, the custom of calling them all Fistulæ has generally prevailed, though without any foundation, in truth, or nature.

THAT abscesses formed near the funda-  
ment do sometimes, from bad habits, from  
extreme neglect, or from gross mistreat-  
ment, become fistulous, is certain; but the  
majority of them have not at first any one  
character or mark of a true fistula; nor can,  
without the most supine neglect on the side  
of the patient, or the most ignorant mis-

management on the part of the surgeon, degenerate, or be converted into one.

COLLECTIONS of matter from inflammation (wherever formed) if they be not opened in time, and in a proper manner, do often burst: the hole, through which the matter finds vent, is generally small, and not often situated in the most convenient, or most dependant, part of the tumor: it therefore is unfit for the discharge of all the contents of the abscess; and, instead of closing, contracts itself to a smaller size; and, becoming hard at its edges, continues to drain off what is furnished by the undigested sides of the cavity.

THIS is often the case in the most muscular, or fleshy parts of the body, where the cellular and adipose membrane does not abound; but is more particularly so in the neighbourhood of the anus, where that membrane is large in quantity, well stocked with fat, and not compressed by the action of any large or strong muscles.

WHY critical defluxions and abscesses are frequently formed in this part, is so obvious to every one, who considers its natural structure, that it must be quite unnecessary to enter into an explanation of it: I shall, therefore, only observe, that when it becomes the seat of such kind of defluxion, it can make little or no resistance; but immediately swells, and becomes hard to a considerable extent: and although impostumation is very frequently the consequence, yet the induration extending itself a good way beyond the bounds of the abscess, the first suppuration is by no means equal to the dissolution of such hardness; especially, if instead of being opened properly, the skin has been suffered to burst.

THE smallness of this accidental orifice; the hardness of its edges; its being found to be the outlet from a deep cavity; the daily discharge of a thin, gleety, discoloured kind of matter; and the induration of the parts round about, have all contributed to raise, and confirm the idea of a true fistula.

To this idea, the general treatment of these cases has therefore been made to accord: upon this, has been built the prevailing doctrine of free excision, or as free destruction, without any regard to the original production of the complaint, its particular seat, its date, or any other attendant circumstances; and without examining, whether it would not admit a more easy, and a more expeditious method of cure. In short; this notion, that all sinuses near the rectum are necessarily fistulous, has occasioned the prescription of such a manner of treating them, from their very first appearance, as they can hardly ever stand in need of at any time; and a mere ill-founded supposition, that the induration of the parts about, may be owing to a diseased callosity, is urged as a reason for using them with more severity than even such state would require.

## S E C T. II.

W<sup>H</sup>OEVER would obtain a true notion of the disease in question, must consider it under all the forms in which

which it makes its appearance. These, which are many, and various, (both with regard to aspect, situation, and symptoms) are, what shew the different nature of the complaint in different states; and are the circumstances, which ought to regulate a surgeon's conduct in the care of it.

SOMETIMES the attack is made with symptoms of high inflammation; with pain, fever, rigor, &c. and the abscess proves truly critical; that is, it becomes a solution of the fever.

IN this case, a part of the buttock near to the anus is considerably swollen, and has a large, circumscribed hardness. In a short time, the middle of this hardness becomes red, and inflamed; and in the center of it matter is formed.

THIS (in the language of our ancestors) is called in general a Phlegmon; but when it appears in this particular part, a Phyma.

THE pain is sometimes great; the fever high; the tumor large, and exquisitely tender: but however disagreeable the appearances

pearances may have been ; or however high the symptoms may have risen, before suppuration ; yet, when that end is fairly and fully accomplished, the patient generally becomes easy and cool ; and the matter formed under such circumstances, though it may be plentiful, yet is good.

ON the other hand, the external parts, after much pain, attended with fever, sickness, &c. are sometimes attacked with considerable inflammation, but without any of that circumscribed hardness, which characterized the preceding tumor ; instead of which, the inflammation is extended largely, and the skin wears an erysipelatous kind of an appearance. In this, the disease is more superficial ; the quantity of matter small, and the cellular membrane sloughy to a considerable extent.

SOMETIMES, instead of either of the preceding appearances, there is formed in this part, what the French call *une suppuration gangreneuse* ; in which the cellular and adipose membrane is affected in the same manner, as it is in the disease, called a Carbuncle.

IN this case, the skin is of a dusky red, or purple kind of color; and, although harder than when in a natural state, yet it has, by no means, that degree of tension or resistance, which it has either in the phlegmon, or in the erysipelas.

THE patient has generally, at first, a hard, full, jarring pulse, with great thirst, and very fatiguing restlessness. If the progress of the disease be not stopped, or the patient relieved by medicine, the pulse soon changes into an unequal, low, faltering one; and the strength, and the spirits sink in such manner, as to imply great and immediately-impending mischief. The matter formed under the skin so altered, is small in quantity, and bad in quality; and the adipose membrane is gangrenous, and sloughy throughout the extent of the discoloration. This generally happens to persons, whose habit is either naturally bad, or rendered so by intemperance.

IN each of these different affections, the whole malady is often confined to the skin and cellular membrane underneath it; and no other symptoms attend, than the usual

general ones; or such as arise from the formation of matter or sloughs in the part immediately affected. But it also often happens, that, added to these, the patient is made unhappy by complaints arising from an influence, which such mischief has on parts in the neighbourhood of the disease; such as the urinary bladder, the vagina, the urethra, the hæmorrhoidal vessels, and the rectum; producing retention of urine, strangury, dysury, bearing-down, tenesmus, piles, diarrhœa, or obstinate costiveness: which complaints are sometimes so pressing, as to claim all our attention. On the other hand, large quantities of matter, and deep sloughs are sometimes formed, and great devastation committed on the parts about the rectum, with little or no previous pain, tumor, or inflammation.

SOMETIMES the disease makes its first appearance, in an induration of the skin near to the verge of the anus; but without pain, or alteration of color; which hardness gradually softens and suppurates: the matter, when let out, in this case, is small in quantity, good in quality; and the sore is superficial, clean, and well-conditioned. On the contrary, it now and then happens,

that

that although the pain is but little, and the inflammation apparently slight; yet the matter is large in quantity, bad in quality, extremely offensive, and proceeds from a deep, crude hollow, which bears an ill-natured aspect.

THE place also, where the abscess points, and where the matter, if let alone, would burst its way out, is various, and uncertain. Sometimes it is in the buttock, at a distance from the anus; at other times near its verge, or in the perineum: and this discharge is made sometimes from one orifice only, sometimes from several. In some cases, there is not only an opening through the skin externally, but another through the intestine into its cavity: in others, there is only one orifice, and that either external, or internal.

SOMETIMES the matter is formed at a considerable distance from the rectum, which is not even laid bare by it; at others, it is laid bare only, and not perforated: it is also sometimes not only denuded, but pierced; and that in more places than one. The original seat of the mischief is, in some cases, high up in the pelvis, near the

lower vertebræ of the loins, and the os sacrum; and the matter comes from parts so diseased, and so out of reach, that the case is hopeless from the first. These discharges are to some persons salutary, and prove solutions of general diseases, which have long infested the habit: to others, they often prove fatal, by exhausting the small remains of strength. If the disease has its foundation in the lues venerea (which is not a very uncommon case) it frequently communicates with the urethra, and neck of the bladder, producing great disturbance and misery to the patient. And sometimes it happens, that fistulous openings near the anus give discharge to a fancies, proceeding from a cancerous state of some of the parts within the pelvis.

WHOMEVER attends to this variety of states and circumstances, must be convinced, that no one particular method can suit them all; but that in this, as in many other cases, the surgeon's conduct must be varied occasionally, and adapted to the exigencies of each individual.

## S E C T. III.

IT very seldom happens, when inflammatory defluxions are made on the cellular membrane surrounding the intestine rectum, that it is in our power to prevent the formation of matter: nor if it was, would it often be right so to do, as these abscesses seldom happen to any body, to whom they are not, at least, a temporary relief,

ALL consideration, therefore, of that kind is generally out of the question: and our business, if called to it at the beginning, must be to moderate the symptoms; to forward the suppuration; when the matter is formed, to let it out; and to treat the sore in such manner, as shall be most likely to produce a speedy and lasting cure.

WHEN there are no symptoms, which require particular attention, and all that we have to do is to assist the maturation of the tumor, a soft pultice is the best application. When the disease is fairly of  
the

the phlegmonoid kind, the thinner the skin is suffered to become, before the abscess be opened, the better; as the induration of the parts about will thereby be the more dissolved; and, consequently, there will be the less to do, after such opening has been made. This kind of tumor is generally found in people of full, sanguine habits; and who, therefore, if the pain be great, and the fever high, will bear evacuation, both by phlebotomy, and gentle cathartics: which is not often the case of those, who are said to be of bilious constitutions; in whom the inflammation is of larger extent, and in which the skin wears the yellowish tint of the erysipelas; persons of such kind of habit, and in such circumstances, being in general seldom capable of bearing large evacuation.

THE observation is general, with regard to erysipelatous inflammations in any part of the body, and is by no means confined to this.

I MAY, possibly, be censured, for stepping out of my way to mention it; but it is a truth of so much importance to many,

and I have seen such melancholy instances from its being not known, or not attended to, that my intention must plead my excuse.

THIS kind of inflammation (I mean the erysipelatous) generally makes its attack with nausea, vomiting, slight rigor, heat, thirst, and restlessness.

THE quickness of pulse, and heat of skin, are indications for some degree of evacuation, and indeed sometimes render it requisite; but it is a very prevailing opinion with many practitioners, that these evacuations should be freely made, and frequently repeated: in short, that the cure of this kind of inflammation is safely to be effected by them; which is so far from being true, that the practice has proved fatal to many. If, for instance, blood be drawn off in such quantity, as that the patient's pulse sinks suddenly; or if his strength be considerably reduced by purging, it is no very uncommon thing for the inflammation to leave the part first affected, and for such complaints to come on immediately, as soon prove destructive, and afford no opportunity to repair

pair the mischief, which the evacuation has produced.

WHEN the inflammation is of this kind, the quantity of matter formed is small, compared to the size and extent of the tumor ; the disease is rather a sloughy, putrid state of the cellular membrane, than an impostumation ; and, therefore, the sooner it is opened, the better : if we wait for the matter to make a point, we shall wait for what will not happen ; at least, not till after a considerable length of time : during which, the disease in the membrane will extend itself, and, consequently, the cavity of the sinus, or abscess, be thereby greatly increased.

WHEN, instead of either of the preceding appearances, the skin wears a dusky, purplish-red color ; has a doughy, unrefining kind of feel, and is very little sensible : when these circumstances are joined with an unequal, faultring kind of pulse ; irregular shiverings ; a great failure of strength and spirits, and inclination to dose ; the case is formidable, and the event generally fatal.

THE habit, in these circumstances, is always bad; sometimes from nature, but much more frequently from gluttony and intemperance. What assistance art can lend, must be administered speedily; every minute is of consequence; and if the disease be not stopped, the patient will sink. Here is no need for evacuation of any kind; recourse must be immediately had to medical assistance; the part affected should be frequently fomented with hot spirituous fomentations; large and deep incision should be made into the diseased part; and the applications made to it, should be of the warmest most antiseptic kind.

THIS also is a general kind of observation; and equally applicable to the same sort of disease in any part of the body. Our ancestors have thought fit to call it in some a Carbuncle, and in others by other names; but it is (wherever seated) really and truly, a gangrene of the cellular, and adipose membrane: it always implies great degeneracy of habit, and, most commonly, ends ill.

STRANGURY, dysury, and even total retention of urine, are no very uncommon attendants upon abscesses forming in the neighbourhood of the rectum and bladder; more especially, if the seat of them be near the neck of the latter.

THEY sometimes continue from the first attack of the inflammation, until the matter is formed, and has made its way outward; and sometimes last a few hours only.

THE two former most commonly are easily relieved by the loss of blood, and the use of gum arabic, with nitre, &c. But the last (the total retention) is, (while it continues,) both fatiguing and alarming.—They, who have not often seen this case, generally have immediate recourse to the catheter; and for this, they plead the authority of precept; but the practice is so essentially wrong, and I have seen such terrible consequences from it, that I cannot help entering my protest against it.

THE neck of the bladder, from its vicinity to the parts where the inflammation is

is seated, and from its being involved in the same common membrane, does certainly participate, in some degree, of the said inflammation. This will, in some measure, account for the complaint ; but whoever considers the extremely irritable state of the parts composing that part of the urethra, (if I may be allowed so to call it) and will, at the same time, reflect on the amazing and well-known effects of irritation, will be convinced, that the principal part of this complaint arises from that cause ; and that the disease is, strictly speaking, spasmodic. The manner, in which an attack of this kind is generally made ; the very little distention, which the bladder often suffers ; the small quantity of urine sometimes contained in it, even when the symptoms are most pressing ; and the most certain, as well as safe, method of relieving it ; all tend to strengthen such opinion<sup>a</sup>.

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BUT

<sup>a</sup> Great and acute as the pain is in the neck of the bladder, and about the pubes, in a retention of urine, it is not greater, nor more acute, than is sometimes felt, in the same parts, by those, in whose bladder no urine is to be found, and in whom the catheter may be passed with very little trouble or resistance. This complaint, which

BUT whether we attribute the evil to inflammation, or to spasmodic irritation, whatever can, in any degree, contribute to the exasperation of either, must be palpably and manifestly wrong. The violent passage of the catheter through the neck of the bladder (for violent in such circumstances it must be) can never be right. I will not say, that it never succeeds; but I will say, that it can hardly ever be proper to make the attempt.

IF the instrument be successfully introduced, it must either be withdrawn as soon as the bladder is emptied; or it must be left in it: if the former be done, the same cause of retention remaining, the same effect returns; the same pain and violence must be again submitted to under (most likely) increased difficulties. On the other hand, if the catheter be left in the bladder, it will often, while its neck is in this state, occasion such disturbance, that the remedy (as it is called) will prove an exasperation of the disease, and add to the evil it

which I have more than two or three times seen, is truly spasmodic; and, accordingly, always gives way to opium, more especially if used in the form of glyster.

it is designed to alleviate: nor is this all; for the resistance, which the parts, while in this state, make, is sometimes so great, that if any violence be used, the instrument will make for itself a new rout in the neighbouring parts, and lay the foundation of such mischief, as frequently baffles all our art.—An accident, which I have known happen to those, whose judgment and dexterity have never been doubted.

THE true, safe and rational method of relieving this complaint, is by evacuation and anodine relaxation; this not only procures immediate ease, but does, at the same time, serve another very material purpose; which is that of maturing the abscess. Loss of blood is necessary; the quantity to be determined by the strength and state of the patient: the intestines should also be emptied, if there be time for so doing, by a gentle cathartic; but the most effectual relief will be from the warm bath, or semicupium, the application of bladders with hot water to the pubes and perineum; and, above all other remedies, the injection of glysters, consisting of warm water, oil, and opium. There may have been cases, which have resisted and baffled this

method

method of treatment ; but I have never met with them.

ON the other hand ; I have seen so great and permanent mischief, from the premature and indiscreet use of the catheter, that it would have been better for the patient to have sunk under the first evil, than to have lived to experience that variety of misery, to which all they are subject, who are afflicted with a diseased, or injured neck of the bladder.

A PAINFUL tenesmus is no uncommon attendant upon an inflammatory defluxion on the parts about the rectum. The frequent use of the muscles, whose office it is to expel from the gut, whatever is troublesome to it, and by whose action, the parts, which make the seat of the disease, must be continually compressed, make this, while it lasts, a very disagreeable complaint.

IF a dose of rhubarb, joined with a warm anodyne, such as the conf. mithrid. or such-like, does not remove it, the injection of thin starch and opium, or tinct. thebaic. is almost infallible.

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THE bearing-down, as it is called, in females, as it proceeds, in this case, from the same kind of cause (*viz.* irritation) admits relief from the same means as the tenesmus.

IN some habits, an obstinate costiveness attends this kind of inflammation, accompanied, not unfrequently, with a painful distention, and enlargement of the hæmorrhoidal vessels, both internally and externally. While a quantity of hard fæces are detained within the large intestines, the whole habit must be disordered; and the symptomatic fever, which necessarily accompanies the formation of matter, must be considerably heightened. And while the vessels surrounding the rectum (which are large and numerous) are distended, all the ills proceeding from pressure, inflammation and irritation must be increased. This is too obvious, to need any explanation: and it must be as obvious, that phlebotomy, laxative glysters, and a low, cool regimen must be the remedies; while a soft cataplasm applied externally serves to relax and mollify the swollen, indurated piles,

at

at the same time that it hastens the suppuration.

THESE are, I think, the most material of the complaints, which attend inflammatory defluxions, and formations of matter about the anus and rectum. They are indeed most of them symptomatic, or accessory to the original disease; but they are frequently of such immediate consequence to the ease, and sometimes even to the safety of the person afflicted, that they require all our attention. Whoever neglects or mistreats them, will cause his patient to suffer a great deal of unnecessary pain, fatigue, and even hazard: whoever attends to, and treats them properly, will find that by relieving and appeasing these accidental ills, he will assist the cure of the principal complaint, and gain time, instead of losing it.

## S E C T. IV.

LET us now consider this disease, when the first symptoms attending the inflammation are gone off; and matter is either formed and collected, in such manner as to be fit for a surgeon to give discharge to it: or, (that opportunity having been avoided or neglected), it has burst through the parts containing it, and has made its own way out.

THE different states and circumstances produced either by the collection of this matter, or by the manner in which it has made its escape, will necessarily occasion a difference in the manner of treating the case; and may, for method-sake, as well as for the more perfectly understanding the true nature of the disease, be reduced to two general heads; *viz.*

1. THOSE, in which the intestine is not at all interested; and,

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2. THOSE,

2. THOSE, in which it is either laid bare, or perforated.

LET us first suppose the matter to be fairly formed ; to have made its point, as it is called ; and to be fit to be let out.

WHERE such point is, that is, where the skin is most thin, and the fluctuation most palpable, there the opening, most certainly, ought to be made.

SOME of our predecessors, either from a fear, which almost necessarily accompanies the want of anatomical knowledge ; or from an awkwardness attending the use of a cutting instrument ; adopted the method of opening these (as well as most other abscesses) by caustic.

WITH all due deference to authority, I will venture to say, that it is in general wrong ; and particularly so in the present case.

IT often gives unnecessary pain ; and it produces a loss of substance, and a kind of

of cicatrix, which is not only unseemly, but frequently proves a lasting inconvenience.

SOME of the patrons of potential fire, do, indeed, give a specious kind of reason for its use; *viz.* that it makes a more large and free opening for the discharge; and that, by the time the eschar is separated, the hollow underneath is generally more than half filled up.

IN a few, (very few) particular cases, where the destruction of glandular parts may become necessary, after the eschar is thrown off, (as in the case of venereal bubos) there may be some force in this argument; and caustics may be found useful; but in the present case, and in most others, in which they are freely and frequently applied, they appear to me to be highly improper; as they necessarily occasion a loss of parts, and a kind of eschar; which is, in general, an indelible blemish, to say no worse. And with regard to the particular circumstance of the hollow being filled almost up, by the time the eschar is separated, if the sur-

geon will dress an abscess, opened by incision, in the same easy, superficial manner, he does one opened by caustic, he will find the consequence to be the same. But, I know not why, a notion has long prevailed, that an abscess opened by a knife must be immediately crammed, and stuffed with dressings, while that, on which a caustic has been applied, must be let alone, until the eschar casts off. Let the one be treated as the other is, (and as they both ought to be) and the event will be found to be alike in each : excepting this material difference in favor of the knife, that it will not necessarily occasion any destruction of parts, loss of substance, nor any deformity, which is at all comparable with what must follow the use of caustic.

IN making the opening, the knife, or lancet, should be passed in deep enough to reach the fluid ; and, when it is in, the incision should be continued upward, and downward <sup>b</sup>, in such manner as to divide all the skin covering the matter. By these means,

<sup>b</sup> When I say upward and downward, I suppose the patient to stand on his feet, with his legs and thighs straight,

means, the contents of the abscess will be discharged at once; future lodgment of matter will be prevented; convenient room will be made for the application of proper dressings; and there will be no necessity for making the incision in different directions; or for removing any part of the skin composing the verge of the anus.

NOTWITHSTANDING that all these collections of matter are generally called by the name of Fistulæ, and are all supposed to affect the intestinum rectum, yet, it is very certain, that the seat of the abscess, (the place where the matter is formed) is, sometimes, at such distance from the gut, that it is not at all interested by it; and that none of these cases either are, or can be originally fistulæ.

IN this state of the disease, we have no more necessarily to do with the intestine, than if it was not there; the case is to be considered merely as an abscess in the cel-

straight, and his body leaning forward over a table, or a bed; which posture gives the fairest view of the parts; and puts them into the best position for the operation, as well as for the operator.

cellular membrane; which will require (in the usual phrase) to be digested, incarned, and (if practicable) healed, without meddling with the rectum in any manner.

As this is a matter of some importance to the patient, it is worth a little consideration.

SUPPOSE an abscess formed in the neighbourhood of the rectum, which, after a certain degree of swelling and inflammation, ripens, or comes to a point, somewhere near to the verge of the anus. Suppose also a large and convenient opening to have been made by a simple incision; the contents of the abscess to have been thereby discharged; and a sore or cavity produced, which is, perhaps, considerable in size: this cavity is to be filled up in such manner, as to produce a firm and lasting cure.

THE frequent use of the term filling up, and the generally received opinion, that the induration of the parts about is a diseased callosity, appear to me to have been the

two principal sources of error and misconduct in these cases.

WHEREVER matter is formed in consequence of inflammation, it always leaves, upon being let out, a proportional hollow, and some degree of induration. The former of these is of different size, according to the quantity of matter; and the latter depends both on the degree of previous inflammation, and the more or less perfect suppuration of the abscess.

THE generally received opinion, with regard to these two circumstances (hollow and hardness) is, that the former is caused entirely by loss of substance; and the latter (as I have already observed) by diseased alteration in the structure of the parts.

THE consequence of which opinion is, that as soon as the matter is discharged, the cavity is filled and distended, in order to procure a gradual regeneration of flesh; and the dressings, with which it is so filled, are, most commonly, of the escharotic kind, intended for the dissolution of hardness.

THE

THE practice is a necessary consequence of the theory. Whoever supposes diseased callosity, and great loss of substance, will necessarily think himself obliged to destroy the former, and to prevent the cavity formed by the latter, from filling up too hastily. On the other hand, he, who considers this matter as it really is; that is, he, who regards the cavity of the abscess, as being principally the effect of the gradual distraction and separation of its sides, with very little loss of substance, compared with the size of the said cavity; and who looks upon the induration round about, as nothing more than a circumstance which necessarily accompanies every inflammation in membranous parts; more especially in those, which tend to suppuration; will, upon the smallest reflexion, perceive, that the dressings applied to such cavity ought to be so small in quantity, as to permit nature to accomplish that end, which she always aims at, as soon as the matter is let out: (I mean, the approach of the sides of the cavity toward each other:) and that such small quantity of dressings

ought to consist of materials proper only to encourage easy and gradual suppuration.

THIS is a fact so obvious to common sense, that it must appear to every one who will coolly and impartially consider it.

WHAT is the part, in which the disease is seated? and what are the alterations, which such disease produces? The part is mere cellular membrane; and the alteration is obstruction and inflammation, ending in the formation of matter. But do these create any new body? do not the sides of the abscess still remain cellular and adipose membrane, only inflamed, thickened, hardened; and rendered purulent? can such alteration require any thing more toward restoring the parts to a natural state, than a free suppuration from the parts so altered? or, can it make extirpation or destruction necessary? Most certainly, it cannot. How then is suppuration to be produced and maintained? Not by thrusting in such applications, as by their quantity distend, and by their quality irritate and destroy; but by dressing

lightly, and easily, with such as appease, relax, and soften.

THE fact is capable of experiment ; and every man who will make it, that is, who will try the different methods, and attend to the consequences, must be able to determine it ; unless blinded by prejudice, or influenced by a worse motive.

A MOMENT's attention to the conduct of nature, when left to herself, and not interrupted by art, will, perhaps, set this matter in a clearer light.

WHEN an abscess of this kind is opened by a surgeon, the cavity is found proportioned to the contents ; and, consequently, if the quantity of matter be large, the hollow is considerable. If this hollow be immediately filled with dressings, (of any kind) the sides of it will be kept from approaching toward each other ; or may even be farther separated. But if this cavity be not filled, or have little or no dressings of any kind introduced into it, the sides immediately collapse ; and, coming nearer and nearer, do, in a very short space of time,

time, convert a large hollow into a small sinus. And this is also constantly the case, when the matter, instead of being let out by an artificial opening, escapes through one made by the bursting of the containing parts.

IT is indeed true, that this sinus will not always, (and particularly in the disease I am now speaking of) become perfectly close, and heal; but the aim and conduct of nature is not, therefore, the less evident; nor the hint, which art ought to borrow from her, the less palpable.

IN this, as in most other cases, where there are large sores, or considerable cavities, a great deal will depend on the patient's habit, and the care that is taken of it; if that be good, or if it be properly corrected, the surgeon will have very little trouble in his choice of dressings; all that he will have to do, will be, to take care that they do not offend either in quantity or quality: but if the habit be bad, or injudiciously treated, he may use the whole farrago of externals, and only waste his own and his patient's time.

IN short, all these cases are, at first, mere abscesses ; the consequences of inflammation, and require no other treatment, than what would be proper in the same kind of case in all other parts. Some few of them are so circumstanced, with regard to the intestine, that it is quite unnecessary to meddle with it at all : but whether that be the case, or not ; whether the division of the rectum become a necessary part in the cure, or not ; they, most certainly, do not deserve the name of fistulæ ; nor require that sort of treatment which fistulæ are said, and thought, to stand in need of : though, by being from their very first appearance supposed to be such, they are, frequently, by mismanagement rendered truly fistulous.

By this, (that is, by light, easy treatment) large abscesses, formed in the neighbourhood of the rectum, will sometimes be cured, without any necessity occurring of meddling with the said gut. But it much more frequently happens, that the intestine, although it may not have been pierced, or eroded by the matter, has yet been so stript, or denuded, that no consolidation of the

the sinus can be obtained, but by a division; that is, by laying the two cavities, *viz.* that of the abscess, and that of the intestine, into one.

THE necessity of doing this, may, in many cases, be known by the surgeon, at first; that is, when he opens the abscess, he may find the intestine so bare, and in such state, as plainly to prove, that he will not be able to effect a cure without the operation: in other instances, he may have reason, at first, to flatter himself with success, and be disappointed.

WHEN the former is the case; when the gut is found to be in such state, that there is no reason to expect a cure, without its being divided; that operation had better (on many accounts) be performed, at the time the abscess is first opened, than be deferred to a future one. For if it be done in the manner, in which, I will venture to say, that it always may, it will add so little to the pain, which the patient must feel by opening the abscess, that he will seldom be able to distinguish the one from the other, either with regard to time or sensa-  
tion;

tion: whereas, if it be deferred, he must either be in continual expectation of a second cutting, or feel one at a time, when he does not expect it.

THE intention, in this operation, is to divide the intestine rectum, from the verge of the anus, up as high as the top of the hollow in which the matter was formed; thereby to lay the two cavities of the gut and abscesses into one; and, by means of an open, instead of a hollow, or sinuous sore, to obtain a firm and lasting cure.

INGENIOUS, mechanical, and whimsical people have often busied themselves, in inventing instruments for this purpose: the syringotomy, the cultellus falcatus, the probe-razor, &c. have all at times been in use: scissars also of various kinds, both straight and crooked, have been employed in this operation: the three first may be made to serve the purpose very well; but to the last, (the scissars) there is in this, as well

<sup>6</sup> The late Mr. Freeke invented an instrument for this purpose; but it was, upon trial, found to cut the operator's finger, with so much more certainty than the patient's intestine, that it has long been laid aside.

well as in almost every operation, in which they are frequently used, a palpable objection, *viz.* that, by pinching at the same time that they cut, they occasion a great deal of unnecessary pain. They are, I know, in great use with many, who, if they were deprived of their probe-scissars, would think themselves incapacitated from doing business ; but they are, upon all occasions where mere division is required, a very bad instrument ; they may assist an awkward, or an unsteady hand, but are more fit for a farrier, than for a surgeon.

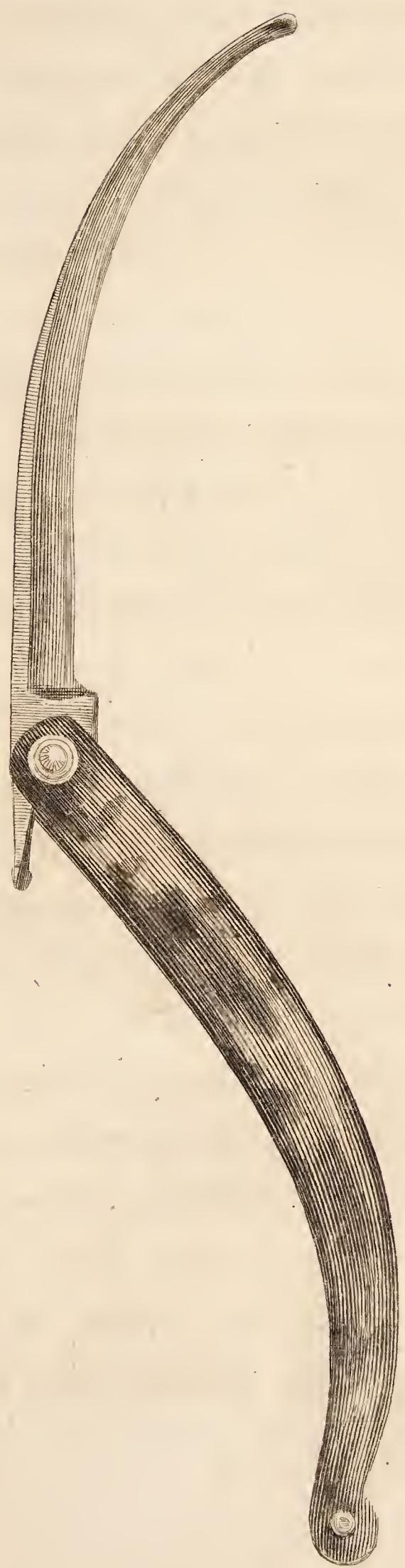
IN all chirurgic operations, the instrument made use of cannot be too simple, nor too keen ; and, if possible, should never be out of the sight, or the direction of the finger of the operator ; and, whenever it is, (as must sometimes necessarily be the case) it is liable to some degree of uncertainty. Scissars introduced into the rectum are always in this predicament ; and are, therefore, (as well as on account of their pinching quality,) bad.

THE curved, probe-pointed knife, with a narrow blade, I have always found to be the most useful and handy instrument of any :

any. This introduced into the sinus, while the surgeon's fore-finger is in the intestine, will enable him to divide all that can ever require division; and that with less pain to the patient, with more facility to the operator, as well as with more certainty and expedition than any other instrument whatever. If there be no opening in the intestine, the smallest degree of force will thrust the point of the knife through, and thereby make one: if there be one already, the same point will find and pass through it. In either case, it will be received by the finger in and will thereby be prevented from deviating; and, being brought out by the said finger, must necessarily divide all that is between the edge of the knife, and the verge of the anus: that is, must, by one simple incision, (which is made in the smallest space of time imaginable) lay the two cavities of the sinus, and of the intestine, into one.

AUTHORS make a very formal distinction, between those cases in which the intestine is pierced by the matter, and those in which it is not: but although this distinction may be useful, when the different states of the disease are to be described, yet

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yet in practice, when the operation of dividing the gut becomes necessary, such distinction is of no consequence at all; it makes no alteration in the degree, kind, or quantity of pain, which the patient is to feel; the force required to push the knife through the tender gut, is next to none; and, when its point is in the cavity, the cases are exactly similar.

THIS is the only operation, which (in the circumstances under our present consideration) ever can be necessary: and this appears to me, to be the safest, easiest, and most expeditious method of performing it.

I KNOW, that it is contrary to the opinion and practice of many; who think that the removal of some part, both of the intestine, and of the verge of the anus, is necessary in these cases: but long and repeated experience has convinced me of the contrary; and I shall, in the next section, have occasion to speak more particularly to that point.

IMMEDIATELY after the operation, a soft dossal of fine lint should be introduced

(from the rectum) between the divided lips of the incision ; as well to repress any slight hæmorrhage, as to prevent the immediate re-union of the said lips ; and the rest of the sore should be lightly dressed with the same. This first dressing should be permitted to continue, until a beginning suppuration renders it loose enough to come away easily ; and all the future ones should be as light, soft, and easy as possible ; consisting only of such materials, as are likely to promote kindly and gradual suppuration. The sides of the abscesses are hard ; the incision must necessarily, for a few days, be inflamed ; and the discharge will, for some time, be discolored, and gleety : this induration, and this sort of discharge, are often mistaken for signs of diseased callosity, and undiscovered sinusses ; upon which presumptions, escharotics are freely applied, and diligent search is made for new hollows : the former of these most commonly increase both the hardness and the gleet ; and by the latter new sinusses are sometimes really produced. These occasion a repetition of escharotics, and, perhaps, of incisions ; by which means, cases, which, at first, and in their own nature, were simple, and easy of cure, are rendered complex and tedious.

THAT

THAT this is the truth, without exaggeration, is well known to many; and whoever will look over the writings of some of our immediate predecessors, or even of some of cotemporaries, will find, that, immediately after pinching and snipping the gut with scissars, we are directed to fill the incisions with lint; and, after having distended the cavity by such means, to dress, in future, with such medicines, as, though used under the specious names of digestives, detergents, &c. do really inflame and irritate the parts, to which they are applied, and retard, instead of encouraging, a kindly suppuration.

AMONG these, the mercurius præcipitatus ruber stands principal: this seems to have been the great external specific of most of our immediate predecessors, and to have been used by them, for the very different purposes of destruction and restoration: with this, either in dry powder, or mixed with unguent, the tents, pledgits, &c. with which they dressed these sores, were spread or embued; with this they dressed the recently-divided lips of the wound in the intestine;

and with this they filled the whole cavity of the abscess.

THAT the same practice still too much prevails, they, who please, may be convinced <sup>d</sup>.

I WOULD beg leave to ask any patron of this method of dressing, what he would say to a man, who should order a large tent, well charged with præcipitate, to be thrust up the undivided, unwounded rectum of a person, who, from any cause whatever, had an inflammatory defluxion on the hæmorrhoidal vessels, and inside of the said gut? Would he not say, that such tent would prove a fatiguing, inflaming suppository? and would he not be right in saying so? Is then the rectum rendered less sensible, and less irritable, by being wounded? Or, can that very application, which proves a painful stimulus to a gut not divided, become an easy digestive to one that is? If any man thinks

<sup>d</sup> Mr. De la Faye says—“ Si les chairs s'elevent trop, on les consumera avec la pierre infernale;” and in many books of reputation the butyrum antimonii, the trochisci e minio, the pulvis angelicus, &c. are prescribed for frequent use.

thinks that it will, I would advise him to make the experiment on himself; and I would then appeal to the testimony of his own unprejudiced sensations.

IN short, to quit reasoning, and speak to fact only. In the great number of these cases, which must have been in St. Bartholomew's-Hospital, within these ten or twelve years, I do aver, that I have not met with one, in the circumstances before described, that has not been cured by mere simple division, together with light, easy dressings: and that I have not, in all that time, used, for this purpose, a single grain of præcipitate, or of any other escharotic.

WHY is it, that we hear so much of miracles performed by the paste of one quack? and by the injections, oils, and balsams of others? when we all know, that there is nothing specific for the cure of this disease in their compositions: and, when we also know, that the venders of these remedies are people, whose ignorance in matters of physic and surgery is below all notice.

THAT

THAT these cures are much more frequently talked of than made, I well know; but that some few people, who have been long and unsuccessfully treated by surgeons, have got either well, or better, under the very negligent management of some of these quacks, is an incontestable truth: and very strange it is, that we do not see why.

*Fas est et ab hoste doceri:—*

THE truth is; that, while we are looking for what these people do, we (if I may be allowed the phrase) overlook what they do not do. It is true, we cannot find any specific quality in the strange jumble of ingredients which they put into their internal remedies; nor any particularly-sanative one in their injections, balsams, &c. and, therefore, are surprized at even the few instances of their success; but still overlook the one single circumstance, by which the good is produced.

IT is, and ever must be, a first principle in quackery, to disapprove and condemn

demn whatever has been done before, be it right, or be it wrong: and it is also necessary for quacks, to avoid all connection with those who are called Regular Practitioners; as well in order to have the sole management of the patient, as to avoid inspection.

FOR these reasons, they always order all former dressings to be immediately thrown aside, and disused; and, not having in general ingenuity enough, even to seem to apply others, with any degree of judgment or dexterity, they make use of a mere superficial plaster, ointment, or injection: that is, without intending any such thing, upon an honest, or a rational principle, they, for want of knowing what to do properly, leave the conduct of the sore to nature; who, when the impediment of dressings, (which often offend either in quantity or quality) are removed, will do much more than her too officious assistants believe.

THAT the very few cures, which we have heard so much of, are produced in this manner, I am convinced; and so I am, that many of those, which are thought, by several

several practitioners, to have been brought about by a multiplicity of dressings, crammed in tight, and endeavoured to be kept so, by all the caution of compress and bandage, are very frequently effected by the constant and generally successful endeavours of nature, to thrust them forth again: or, at least, so to displace them, that she gradually gets opportunities of doing her own business, in spite of the impediments of art. The business of good surgery, is to assist nature; but she will, sometimes, get the better even of the worst.

*Uisque recurret,  
Et mala perrumpet furtim fastidia victrix.*

## S E C T. V.

**I**N the preceding Section, I have supposed the matter of the abscess to have been formed, and collected; but still to have been contained within the cavity, until let out from thence by an incision.

I AM now to consider it, as having made its own way out, without the help of art.

THIS state of the disease is also subject to some variety of appearance ; and these different appearances have produced, not only a multiplicity of appellations, but a groundless supposition also, of a variety, of essentially different circumstances.

WHEN a discharge of the matter by incision is too long delayed, or neglected, it makes its own way out, by bursting the external parts somewhere near to the fundament ; or by eroding, and making a hole through the intestine into its cavity ; or sometimes by both. In either case, the discharge is made sometimes by one orifice only, and sometimes by more. Those, in which the matter has made its escape by one or more openings, thro' the skin only, are called blind, external fistulæ ; those, in which the discharge has been made into the cavity of the intestine, without any orifice in the skin, are named blind, internal ; and those, which have an opening both through the skin, and into the gut, are called complete fistulæ.

THIS is the language of all writers, as I have already observed: and thus, all these cases are deemed fistulous, when hardly any of them ever are so; and none of them necessarily. They are still mere abscesses, which have burst without the help of art; and, if taken proper and timely care of, will require no such treatment, as a true fistula may possibly stand in need of.

THE most frequent of all, are what are called the blind, external; and the complete. The method, whereby each of these states may be known, is, by introducing a probe into the sinus by the orifice in the skin, while the fore-finger is within the rectum: this will give the examiner an opportunity of knowing exactly the true state of the case, with all its circumstances.

WHETHER the case be what is called a complete fistula, or not; that is, whether there be an opening in the skin only, or one there, and another in the intestine, the appearance to the eye is much the same. Upon discharge of the matter, the external swelling subsides, and the inflamed color

lor of the skin disappears; the orifice, which at first was sloughy and foul, after a day or two are past becomes clean, and contracts in size; but the discharge, by fretting the parts about, renders the patient still uneasy.

As this kind of opening seldom proves sufficient for a cure, (though it sometimes does) the induration, in some degree, remains; and if the orifice happens not to be a depending one, some part of the matter lodges, and is discharged by intervals, or may be pressed out by the fingers of an examiner. The disease, in this state, is not very painful; but it is troublesome, nasty, and offensive: the continual discharge of a thin kind of fluid from it, creates heat, and causes excoriation in the parts about; it daubs the linen of the patient; and is, at times, very fœtid; the orifice also sometimes contracts so, as not to be sufficient for the discharge; and the lodgment of the matter then occasions fresh disturbance.

THE means of cure proposed, and practised, by our ancestors, were three, *viz.*, caustic, ligature, and incision.

THE intention, in each of these, is the same, *viz.* to form one cavity of the sinus and intestine, by laying the former into the latter.

FEAR of hæmorrhage, in making a large division of parts, and a design to destroy callosity, gave rise to the use of caustics, for this purpose: by the introduction of them in different forms and manners into the sinus, that part of the intestine, which divides its cavity from that of the abscess, is intended to be destroyed: and, thereby, the proposed end, of making one cavity of the two, is to be accomplished; while, at the same time, the supposed callosity is to be wasted. For this purpose, some of the most fatiguing and painful escharotics have been prescribed and used: the pulvis angelicus, the lapis infernalis, and troches and pastes made with sublimate, arsenic, &c. But the method is so cruel, so tedious, and so inexpert, that, I hope, it is, by this time, totally out of use: it was founded in error, tends only to mischief; and I will not waste the reader's time, in saying any thing more about it<sup>e</sup>.

THE

<sup>e</sup> Doctor Daniel Turner, who practised surgery within these few years, used this method in its full extent. In his

THE terror, which a cutting instrument necessarily carries with it; the fear of a flux of blood from some considerable vessels, together with a strange, nonsensical opinion, that a gradual division of the parts was followed by a more sound cure, than an immediate one by cutting, produced the coarse, unhandy method by ligature. The manner of using it was this. A probe, or needle, (according to the complete, or incomplete, state of the supposed fistula) armed

his works may be found, an account of his forming tents of the *trochisci e minio*; and thrusting them into the sinus, there to remain till they had produced a sufficient eschar. In the same writer are accounts of strong probe-scissars, made to cut through parts of considerable thickness; and where the external orifice was at a great distance from the anus: and of an iron scoop, made (to use the Doctor's own words) like a cheese-monger's taster, to be thrust up the rectum, and assist in the division of it. What ideas this gentleman had of the disease, or of human sensation, I cannot imagine. The same gentleman, speaking of the use of this iron scoop, tells us, that when he used it on one particular patient, the man thought that the Doctor was only thrusting up the dressings. It is no difficult matter to conceive, what kind of dressings this man must have been accustomed to, who could not distinguish between the application of them, and the thrusting up an iron scoop.

med with a strong ligature, was introduced, either naked or in a cannula, by the orifice in the buttock, and brought out at the anus by the operator's finger: when that was done, the two ends of the said ligature were tied together, in such manner, and at such repeated times, as, by degrees, to cut through all that was between its loop, and its knot; that is, all that part of the intestine, which was next to the sinus.

AMONG writers on this subject, will be found very formal directions, about the proper time of the year for performing this operation; as well as concerning the proper materials wherewith to make the ligature. But as the whole operation is, on every principle of ease, expedition, safety, or certainty, unfit for practice, it would be an abuse of the reader's patience to dwell any longer upon it<sup>f</sup>.

THE

<sup>f</sup> See Celsus, whose account of the method by ligature has been followed by most of the writers since.—

‘ In has demisso specillo, ad ultimum ejus caput incidi  
“ cutis

THE third method is that by incision.

I HAVE already given my opinion, on what appears to me to be the best and most proper method of dividing the intestine, in the case of a collection of matter formed *juxta anum*.

THE intention to be aimed at by incision, in the present case, is exactly the same, and (I think) ought to be executed in the same manner. I never saw, that any other kind of operation was necessary; I have not, for many years, performed any other; and I do not recollect a single instance, in which it has failed to produce a cure, in such cases as were curable by any means.

If,

“ cutis debet; dein novo foramine specillum educi lino  
 “ sequente; quod in aliam ejus partem, ob id ipsum per-  
 “ foratam, conjectum fit: ibi linum apprehendendum, li-  
 “ gandumque cum altero capite est; ut laxè cutem, quæ  
 “ super fistulam est, teneat: idque linum debet esse cru-  
 “ dum, & duplex, triplexve, sic tortum ut unitas in eo  
 “ facta sit. Interim autem licet negotia agere, ambulare,  
 “ lavare, cibum capere, perinde atque sanissimo,’ &c.

IF, therefore, I intended to give my own opinion merely on this subject, I should say, that the same division of the intestine, and with the same instrument, is all that is required ; and, referring my reader back to the preceding section, should give him no farther trouble on this head. But as I find my sentiments in this matter are somewhat different from those of many, I must beg leave to be indulged in the use of a few words.

I HAVE said, that in whatever manner, or with whatever instrument, the intestine be divided, the intention is the same, *viz.* to lay the cavity of the abscess into that of the gut ; and, thereby, to convert a hollow sinuous sore, into an open one ; preventing, by the same means, the future lodgment of matter, and giving room for the application of proper dressings.

THE two cases (a collection of matter, and a sinus) seem to me to require exactly the same treatment ; and I have never found it fail, of being equally successful in both ; that is, I never found, that the matter, having found its own way out, made

made any other operation on the gut, except the mere simple division, at all necessary.

BUT it is said, and that by authors to whom great regard is due, that this is not all that is requisite, especially in the present circumstances; that this will not produce a cure, or assure success; that mere division of the intestine is not sufficient; and that, unless we cut out, remove, and extirpate a portion both of the said intestine, and of the skin constituting what is called the verge of the anus, a firm and lasting cure will not follow.

THIS is the doctrine of writers of eminence, and the practice of a large body of surgeons.

WHEN I have mentioned the names of Cheselden, De la Faye, and Le Dran, I need not cite any others of less note. The first of these was a gentleman, whose reputation in his profession was great; the two latter are in as high character now in France. The influence of these upon their readers must be considerable; and, therefore, it becomes a matter of the more im-

portance, that their doctrine be just and defensible.

THE methods which these gentlemen have proposed, and which have been by many adopted, are somewhat different from each other: but do all tend to the same purpose; are all calculated to prevent imaginary evils; and are all productive of real ones.

THAT I may not be thought to have done, or to have intended, any injury to these gentlemen by misrepresentation, I shall take the liberty of quoting their words.

MR. Chesele<sup>n</sup>den, in the last edition of his anatomy, says,—“ The true fistula runs “ between the muscular and inner coat of “ the rectum: it is cured, by opening it “ the whole length into the cavity of the “ gut: but it is yet better, if it can be “ done, to extirpate all that is fistulous and “ scirrhous; for that is a sure way, to “ make one operation perfect the cure.”

IN his observations published at the end of Mr. Gataker’s translation of Le Dran’s

sur-

surgery, Mr. Cheselden describes a method of his own inventing, by the introduction of one blade of a pair of polypus-forceps into the sinus, and of the other into the rectum. By which means, a certain portion of the intestine is held fast, between the chops of the instrument, in order to be cut out with the scissars.

AFTER having given an explanation of a plate, designed to represent the forceps introduced in such a manner, as to hold the piece of intestine fast, he adds,—"I formerly cut out a pyramidal piece in the manner here described; but I find this way with the forceps much more convenient, and more easy to be executed."

How much this method may be preferable to that, which Mr. Cheselden used to practise, I know not; but I will venture to say, that this more easy method is horribly painful, is operose, and absolutely unnecessary towards obtaining a cure.

THE wound, that is, the orifice of the sinus in the buttock, is, by Mr. Cheselden's direction, to be first dilated with a sponge-

tent; then one of the blades of a pair of large polypus-forceps is to be thrust up the sinus, while the other within the intestine pinches it between them; and then, this piece so pinched is to be snipped out by the repeated attacks of a pair of scissars. A very tedious, and very painful, operation this must necessarily be; and, by Mr. Cheselden's own account, not always successful: for, although he does say,—“ The operation being thus performed, I have never found wanting a second cutting:” yet, he immediately adds,—“ If, after this operation, there is still an internal discharge into the gut, it may be an useful issue; and continue the benefit which nature designed by the disease<sup>s</sup>. We should also be very careful not to perform it, when the patient is troubled with

<sup>s</sup> This is a method of making an issue, to which few people would (I believe) chuse to submit: especially, if they consider, that they might have enjoyed all the benefit of it, without any operation at all; merely by leaving their disease to nature. The same gentleman, speaking of the intestine rectum, tells us, that he once applied a caustic lengthways on the inside of the inverted gut, to cure a prolapsus: and adds, that it proved successful. This I am almost sorry for; lest Mr. Cheselden's authority should tempt any other person to make the same attempt.

“ the piles ; for I have known one, in that  
“ case, bleed to death.”

It would be no difficult matter, to make great objections to this method of operating, even if the one thing intended by it was necessary ; I mean, the extirpation of a portion of the rectum : this end might, certainly, be obtained by easier means : but, as that is not the case, as such extirpation appears to me to be totally unnecessary, I shall not enter into it.

MR. De la Faye, a practitioner and writer of eminence in France, and a gentleman to whom the chirurgic world is much indebted, is a warm patron of the practice of cutting away both a part of the intestine, and of the skin composing the verge of the anus. After the external incision necessary for letting out the matter has been made, he says,—“ Si le pus a fait un progres con-  
“ siderable du coté de la fesse, on y fera  
“ une autre incision, qui tombera perpen-  
“ diculairement sur l'incision longitudinale ;  
“ on coupera les angles formez par ces in-  
“ cisions, pour rendre l'exterieur de la playe  
“ plus large que le fond, & pour panser  
“ plus aisement.” ‘ If the matter has ex-  
“ tended

‘ tended itself considerably toward the but-  
‘ tock, another incision should be made,  
‘ in such manner as to cross the former;  
‘ the angles formed by which incisions  
‘ should be cut away; as well to render  
‘ the external part of the wound larger  
‘ than the internal; as to give room for  
‘ the more convenient application of dres-  
‘ sings to the sore.’

IF Mr. De la Faye had ever, in his own person, had the misfortune to experience the inconvenience arising from the loss of skin near to the fundament; or had he attended to that which it produces to those, who, either from choice, or necessity, ride or walk much, I am inclined to believe he would have been more sparing of it.

FOR the first three or four days, this kind of incision does, certainly, render the application of dressings more convenient; because the wound is thereby considerably enlarged; but, as soon as digestion has softened the edges of the single perpendicular incision, that difference ceases; and the dressings may be applied with equal facility to the one as to the other.

AFTER this period is past, the difference between the two is, indeed, much more considerable; the cutting away the angles, adding not a little to the length of time requisite for a cure; rendering the sore much larger, and more troublesome; and subjecting the patient, very often, to great inconvenience, arising from the kind of cicatrix which it necessarily produces.

MR. De la Faye, after having described the manner of passing the probe, or the fulcated director, in order to make a simple longitudinal division of the intestine, adds,—

“ On ne se contente pas aujourd’hui de couper la fistule entre les deux extrémités du stilet; on fait une incision qui renferme dans son circuit ces deux extrémités: et par le moyen de laquelle, en les tirant en même temps, on emporte toute la fistule, qui se trouve comme embrochée dans l’anse formée par cette instrument: <sup>h</sup> on fait

<sup>h</sup> It might be supposed, from the manner in which this is delivered, that the method was a modern invention: whereas it is, on the contrary, a very old one. Guido’s description of it, is, as follows.—“ Penetrantes fistulæ “ (secundum Rhazin) non sanantur, nisi cum ligatione, “ et extractione cum falce.

“ Modus

“ fait ensuite à la partie inférieure de la  
 “ playe, une incision, qui sert comme de  
 “ goutiere à la suppuration.” The pre-  
 sent practitioners do not content them-  
 selves, with merely dividing the sinus;  
 but, making use of the probe as a kind  
 of loop, they pull the parts towards  
 them;

“ Modus incisionis cum falce est, quod extrahatur cum  
 “ chordula immissa extra quantum possibile erit intesti-  
 “ num comprehensum per ipsam chordulam; et post in-  
 “ tromittendum instrumentum positum ab Albucasi bene  
 “ scindens; totum illud, quod comprehensum est cum  
 “ chordulâ scindatur; ita, quod chordula expediatur.”

GUIDO.

So also Brunus, having described the method by ligature, goes on to that by incision.

“ Operatio autem secundi modi est, ut non stringatur  
 “ spacus [the ligature] sicut narratum est ad incidendas  
 “ carnes, sed ligentur tantum ipsius extremitates simul,  
 “ et ut sit iste spacus fortior et grossior illo qui carnes in-  
 “ cidit: deinde extende spacum cum unâ manuum tua-  
 “ rum versus exteriora, et cum alterâ manu tuâ incide  
 “ illas carnes quæ sunt inter illas duas extremitates spaci,  
 “ cum instrumento curvæ extremitatis.”

This is exactly, what is now by some called, Cutting upon the Wire; and I have seen, in the hands of a very ingenious gentleman, a single instrument, very capable of executing all this purpose; that is, of cutting out ten times as much as can ever be necessary.

The same account is to be found in Lanfranc, Rogerius, and most of the old writers; who, in this, as in most other instances, have done little more than merely copy each other.

‘ them ; and then, by a free and almost  
 ‘ circular incision, cut out the whole fistu-  
 ‘ la ; after which, they make such an in-  
 ‘ cision in the lower part, as may best serve  
 ‘ the purpose of a free discharge of mat-  
 ‘ ter.’

THIS method, as far as regards the mere operation, is, certainly, preferable to that with the forceps and scissars ; but it produces the same destruction of parts, and the same future inconveniencies : like that, it is built upon a supposition, that such a removal of parts is necessary toward a cure ; and, therefore, like that, stands upon a supposition which is not true.

THE same gentleman, in another paragraph, admits, that this method of operating is not proper in certain circumstances ; (which circumstances cannot, possibly, render the disease easier of cure) ; and, in such case, advises the mere longitudinal section of the gut.—“ Neanmoins, le canal fistuleux pourroit être si profond, ou le trou exterieur de la fistule dans un lieu de la fesse si éloigné du fondement, qu’en faisant l’operation de la maniere qu’on vient de decrir, on emporteroit une trop

grande portion de la substance. En ce  
 cas on ouvre sur une sonde canelée la fi-  
 stule dans sa longueur, &c. ' Neverthe-  
 less, the fistulous hollow may be so deep ;  
 or the external orifice in the buttock at  
 such distance from the anus, that, if the  
 operation be performed in the manner  
 just described, it would occasion too large  
 a loss of substance. In this case, the sinus  
 must be opened lengthways by means of  
 a grooved director.' — Mr. De la Faye  
 does not, indeed, say, in express terms, that  
 this longitudinal division will be sufficient  
 for a cure ; but, I will venture to say for  
 him, that I know, from repeated experi-  
 ence, that it will. The observation, there-  
 fore, which this gentleman has made, con-  
 cerning the loss of substance, is not only  
 just, and true in itself ; but it is also an ob-  
 servation, which, if properly attended to,  
 will lead to a truth, which he does not seem  
 to have been sufficiently apprized of ; which  
 is, that every operation of this sort, (that is,  
 every extirpation of parts,) is unnecessary,  
 and therefore wrong. Large hollows, in  
 which considerable quantities of matter  
 have been formed ; whose extent, with re-  
 gard to the intestine, is deep ; and whose  
 orifice is in the buttock, at a distance from

the

the anus, have always more induration about them, and discharge a larger quantity of gleet, than those which are smaller, more shallow, and thinner; and whose matter has burst its way out, by an opening near to the fundament. If the former then are curable, by a mere longitudinal division of the intestine, without excision, which Mr. De la Faye, by his prescription, in some measure allows; (and which is a truth beyond contradiction or contest) surely extirpation must be unnecessary in the latter. It can hardly be supposed, that nature will be able to do more in cases attended with increased difficulties, and impediments, than in those, where every circumstance is more favourable, every hindrance less. And yet, whoever cuts away a portion of the intestine in the latter; and omitting, or not performing, such operation in the former, finds, that they will do well without it, must reason in that manner, and shut his eyes against conviction.

MR. De la Faye is, indeed, sensible of the ill consequences, which such treatment produces, and has endeavoured to guard against them as well as he can; but whoever has been so unfortunate, as to have

been so treated, knows, that all these precautions are, in general, ineffectual : his words are,—“ Lorsqu'on a coupé dans l'opération une portion considerable du bord de l'anus, & que les chairs commencent a remplir le vuide, il faut mettre dans l'ouverture de cette partie une tente, un peu courte, qui en empêchant le retrecissement lui conserve son diametre.”—‘ When a considerable portion of the verge of the anus has been cut away in the operation, and new flesh begins to fill up the void space, a short tent should be introduced into the part, in order to hinder the fundament from contracting in its diameter ;’—but which it will often do, in spite of all the tents in the world.

MR. Le Dran, a writer and practitioner of considerable figure in Paris, and whose works have been translated into English by Mr. Gataker, is very particular with regard to this disease, and the method of treating it ; and is also an advocate for this expanding scheme, even more than Mr. De la Faye.

THIS

THIS gentleman uses the term fistula, without any regard to the date of the disease; or any attending circumstances, except the common and almost necessary appearances, when an abscess of this kind has been suffered to burst, *viz.* a small orifice, some degree of induration, and a discharge of fæcal matter: all which are circumstances, that necessarily accompany every abscess formed in the neighbourhood of, and piercing, the rectum: and this, at the very first hour, full as much as at any time after. So that, according to this manner of using the term, an abscess so circumstanced, and a fistula, are synonymous: which, I apprehend, cannot be, without confounding together two things materially and essentially different from each other. He says,—“ Je vois un petit trou a coté de l’anus, je sens des callosités autour, et je vois sortir par ce trou une assez grande quantité de pus; je conclus que c’est une fistule qui peut-etre interesse l’ intestin rectum. Je vois sortir par ce trou un peu de matiere stercorale delayée; ou bien le malade me dit, qu’il en forte quelquefois; je ne doute plus que le boyau ne soit percé; et je dis que c’est

“ un

" un fistule complete." — When I see a  
 small orifice by the side of the anus, and  
 perceive a hardness round about it, and  
 find that it discharges a large quantity of  
 matter, I conclude, that it is a fistula,  
 which, most probably, affects the rectum.  
 When I find something like fæces dis-  
 charged from this orifice, or mixed with  
 what is discharged from it ; or the patient  
 informs me, that such kind of discharge is  
 made ; I call the disease a complete fistula.  
 — This is, undoubtedly, the general custom ;  
 notwithstanding which, the disease, in the  
 state Mr. Le Dran has described it, may  
 have no one true characteristic of a fistula ;  
 nor require any of that treatment, which is  
 said to be necessary and proper in such case.  
 A matter of great consequence to the pa-  
 tient.

IN the operative part of the treatment of  
 the disease, Mr. Le Dran warmly espouses  
 the free removal, or extirpation of parts. —  
 " S'il ne l'est que d'une coté, il faut em-  
 porter ce qui est denué ; certain que si  
 l'on le laisse, la playe restera fistuleuse ;  
 et que si l'on se contente de le fendre,  
 les deux lambeaux flottans dans la playe  
 rendront les pansemens très difficiles, et

“ meme la playe fistuleuse.” — ‘ If the disease be on one side only, all that part of the intestine, which is laid bare by the matter, ought to be cut away ; because, it is certain, that if such part be left in the wound, it will become fistulous ; and that, if we only make a simple division, the divided lips will hang loose and floating in the wound ; will render the application of dressings difficult, and make the sore fistulous.’

THESE are Mr. Le Dran’s words and sentiments : and this the method of practice, which is taught, and followed by the majority.

THAT some small part of this process may be necessary, in the true, old, callous, fistulous sore, I do not deny ; (though not even then, in any degree equal to the above direction) but that the whole of it is absolutely unnecessary in the recent abscess, I can, from repeated experience, venture to affirm. That mere division of the naked intestine (if such division be dressed properly) will not render a sinus fistulous, which was not so before, is a truth as clear as any in Euclid ; and, indeed, it is to me matter

of wonder, how such opinion could ever be embraced. The division of the intestine, by laying the cavity of the sinus open, destroys or removes the principal circumstance which can make such a case resemble a fistula; by converting a hollow sinuous ulcer into an open one: and with regard to the other characteristic, induration, certain it is, that if the knife does not find the parts hard, it cannot possibly make them so; on the contrary, it puts them under a necessity of undergoing such a degree of suppuration, as, if properly managed, will prove the cure of that very induration.

MR. Le Dran says, “ That the lips of the wound will hang floating; will render the dressings difficult, and the sore fistulous.” I think, I understand what Mr. Le Dran means: the tumid lips of the recently-made incision will, certainly, be a hindrance to the cramming in a quantity of dressings; and such attempts will, as certainly, increase the tumefaction and hardness; and, if persisted in, with the help of a little escharotic, may bid fair for producing a callous sore: but all this lies at the door of the surgeon, and not of the case: all this is unnecessary, improper, and pernicious.

rious. I cannot, under such treatment as I would call good surgery, conceive the tumefaction, and inflamed state of the lips of the divided gut to remain more than a few days; during which time, it must be the business of art, to appease, relax, and produce suppuration; which, if properly executed, will infallibly prevent all tendency toward a fistulous sore; instead of producing one.

THAT the lips of the wound in the rectum will not separate from each other, in such manner as to admit a large quantity of lint; and that the membranous structure of the part will render such lips large, and subject to inflammation; until some degree of suppuration comes on, is beyond all doubt; but neither of these are reasons for extirpation: for the inflammation will be full as high where a piece is cut out, as where the part is merely divided, and all the symptoms of pain and uneasiness full as great, if not greater: and with regard to the impracticability of putting in a quantity of dressing, I repeat, that it is not at all necessary; but that, on the contrary, it is wrong, and tends only to mischief. A dossil or two of fine lint should, immedi-

L ately

ately after the incision is made, be placed between the divided lips, by passing them from the cavity of the rectum, laterally into the cavity of what before such division was the sinus: these should not be removed, until either the beginning suppuration, or the necessary action of the gut in going to stool, throws them out; when their place should be supplied with others of equal size, imbued with an easy soft digestive.

IF the patient be in health, the lips of this wound, like those in all other membranous parts, after they have been crude, tumid, and inflamed, and have, for a few days, discharged a thin, discoloured kind of gleet, will begin to suppurate: if such suppuration be by proper, that is, by soft, gentle treatment, encouraged, not only the tumefaction and inflammatory hardness brought on by the incision, will soon subside and disappear; but also all the induration, which attended the sinus before it was laid open.

ON the other hand, if the patient's habit be bad, and no such inflammatory tumefaction succeed to the incision; but instead of it, the lips of the wound are soft, flabby,

flabby, and inclining to be livid, the case has, undoubtedly, an unpromising appearance: but the remedy is not chirurgical; removal of parts will not remove, or amend this state of the sore, or at all lessen the hazard arising from it: it may, indeed, render the introduction of dressings somewhat more easy; but it neither will, nor can, make such dressings at all more effectual, or more conducive to the one end which ought to be pursued.

IN such case, the remedy must be an internal one; and whoever depends upon externals, will give his patient much unnecessary trouble, and only waste his time.

THE truth is, this doctrine of the necessity of cutting out a portion of the intestine, (though it is as old, or, perhaps, older than Celsus<sup>i</sup>) is almost a necessary consequence of the manner, in which these sores, (upon a supposition of their being

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fistu-

<sup>i</sup> In hæc genera demissio specillo, duabus lineis incidunt  
denda cutis est, ut media inter eas habenula tenuis ad-  
modum injiciatur, ne protinus ora coeant, sitque locus  
aliquis linimentis, quæ quam paucissima superinjicienda  
sunt, omniaque eodem modo facienda, quæ in abscessi-  
bus posita sunt." CELSUS.

fistulous) almost always have been, and do still continue to be, generally treated.—I mean, the custom of cramming them full of lint; and of charging that lint with medicines, which, though used under more gentle appellations, are really escharotics. Upon this plan, I am willing to allow, that the lips of the divided intestine will be in the way; and prove a considerable impediment in the introduction of such dressings; and I will also allow, that by means of such medicines, the whole wound will be irritated, inflamed, and hardened; and so far wear the appearance of being fistulous, as neither to yield good matter, nor be disposed to heal; at least, not till nature has got the better of the surgeon.

WHAT Mr. Le Dran says, in another paragraph of the same tract, may serve to strengthen what I have asserted.—“ *S'il est denué des deux cotés, il faut pour le conserver, faire à l'autre fesse une contre ouverture, près de là, & la faire assez longue pour pouvoir panser commodément; puis écouter ce que la nature fera pour lui.* ”—‘ If the gut be denuded on both sides, a counter-opening should be made on the other side, long enough to per-

permit, conveniently, the application of dressings; and then we should wait, and see what nature will do toward assisting the patient.'

A very important piece of advice this; worth all the directions for the extirpation of parts; and which, if timely and duly attended to, will, generally, render all such directions quite unnecessary.

IT is, indeed, somewhat remarkable, that the same gentleman should give the above very excellent advice; and, almost in the same breath add, what follows.—  
 " S' il est denué exactement dans toute sa circonference, & que son depouillement ne s'étend pas plus haut que les releveurs de l'anus, il faut emporter tout ce qui est denué." — If the intestine be bared by the matter all round, and this denudation does not extend above the levatores ani, all that part which is so bared, should be extirpated.' That is, the whole verge of the anus: all that part which is so formed by nature, as, by its relaxation, to permit the largest, and most solid, stool, to pass out; and, by its constriction, to detain and keep in, for a while, the most fluid,

fluid, sharp, and stimulating one ; all that part, which when destroyed or removed, not only never can be renewed, but never can have its place supplied, nor its office properly executed by what must succeed to it : surely, it may, with great justice, be said, that the last state of a man in these circumstances is worse than the first ; and that his remedy proves a most afflicting disease <sup>k</sup>.

PRE-

\* In the Memoirs of the French Academy, is a case of this kind, related by Mr. Faget. The patient had an abscess on each side of the rectum ; which, before Mr. Faget saw it, had been opened without meddling with the gut.

The two abscesses communicated by a hollow or sinus under the os coccygis ; the depth in all the upper part is described to be about two inches, but in the perineum the skin only was separated ; that is, the hollow was quite superficial. After five months attendance, during which time the rectum was never divided, the patient was brought to Paris ; where, in a consultation between the Messieurs Faget and Boudon, it was agreed, that the only method of obtaining a cure, must be by extirpating, or cutting away the whole extremity of the intestine, as deep as it was laid bare ; which operation is thus described. —

“ Je perçai d’ abord le rectum de droit à gauche, “ avec un gros stilet ; avec lequel je fis l’anse. Je com-  
“ mençai

PREJUDICE often prevents us from seeing truth, though it stands before us: for Mr. Le Dran, though he so strongly  
re-

“ mençai a couper le lambeau de peau qui tenoit au  
“ coccyx, & je continuaï tout le long d'attache des mus-  
“ cles releveurs jusqu' à la partie moyenne du perinée, ou  
“ il y avoit beaucoup de dureté, & de callositez, que  
“ j' emportai, je pansai la playe avec un gros bourdon-  
“ net, & des lambeaux de linge trempés dans l'eau alu-  
“ mineuse, le tout soutenu par plusieurs compresses & un  
“ bandage convenable, &c.” — Mr. Faget says, that the patient was six months longer in getting well. To which, I must take the liberty of adding, that he was much more fortunate, than some whom I have seen under the same treatment. The relator, in the rest of the memoir, endeavours to explain the method, by which the new anus became capable of executing the office of the old one; and very justly seems to wonder, why the surgeon, who first had the care of the patient, and who first opened the abscesses, did not divide the rectum in each of them. Mr. Faget's surprize, and his censure on the operator, are certainly well founded: but I must own, that it seems to me, to be full as extraordinary, that he, who saw the propriety of its having been done before, should not, at least, try what it would do afterward. If this experiment had been made, and the case properly conducted, I make little doubt, that the patient might have been cured without the loss of his fundament. A loss, which, though possibly in youth and health he might not be so sensible of as to alarm him; yet in age, or a state of debility, must prove a very grievous one.

recommends the extirpation of a portion of the intestine, yet has made the same observation on those fistulæ which run too high for extirpation, as Mr. De la Faye: he has very justly remarked, that they will do well without such operation: and has given so good, and so true an account of the matter, that it is amazing, he should not see that the same method, both of reasoning and of acting, was equally applicable to both cases: that is, to those fistulæ which do not extend so high, as well as to those which do: he says,—"“ On trouve  
 “ souvent des sinus qui montent fort haut  
 “ le long du rectum; & même vers la ves-  
 “ sie, dans la tissu cellulaire qui entoure  
 “ ces parties: sinus qui semblent devoir  
 “ rendre ces maladies incurables, parce-  
 “ qu’ils vont plus haut que le doigt ne  
 “ peut aller. Mais l’experience m’apris  
 “ que ces sinus se remplissent presque  
 “ toujours dans les six premiers jours—ou  
 “ pour parler plus justement, que les chairs  
 “ se rapprochent, n’ayant été qu’ecartés  
 “ par le pus, & non fondues.—‘ Some-  
 ‘ times we meet with sinusses, which run  
 ‘ so high in the tela cellulosa, along the  
 ‘ rectum, and up toward the bladder, that  
 ‘ one would be inclined to believe them to  
 ‘ be

‘ be incurable, from their being beyond the  
 ‘ reach of the finger<sup>1</sup>; but I have learned  
 ‘ from experience, that these sinuses fill up  
 ‘ within the first six days.—Or, to speak  
 ‘ more properly, that the membranes,  
 ‘ which have been only separated, and not  
 ‘ dissolved, by the matter, again approach  
 ‘ each other.’—

## CAN

<sup>1</sup> It is hardly decent for a surgeon to say it; but I am much inclined to believe, that this circumstance of the sinus being out of the reach of the finger, is the very individual one, on which the expedition of the cure (that is, the shortness of the time, in which Mr. Le Dran says, that he finds these cavities filled up) depends. For if they were within the reach of the finger of an operator, who thinks as this gentleman writes, he would immediately go to work with his instruments; and if he did nothing worse, must necessarily prolong.—It has always been a very generally received opinion, that if the hollow of the sinus be higher than a finger in ano can reach, all chirurgical operation is fruitless. There is hardly an author, ancient or modern, who has not inculcated this doctrine, though daily experience might have convinced them of its falsehood.

Among the rest, Heister has given us his opinion on this subject, in the most positive manner.—“ *Et sane nisi digitus, in anum depresso, fistulæ os attingere valet, verum illud adhuc profundius latet, sine vitæ periculo, obmetum lædendarum venarum majorum, sectio institui nequit; adeoque tunc parum plerumque, imo vero nihil omnino chirurgi artificia proficiunt, &c.* ”

CAN any man give a more rational, or more true account of this matter ; or produce a stronger argument against cutting out a part of the intestine ? The operator's finger cannot reach the upper part of the sinus, and, therefore, he cannot extirpate : but sinuses, which, by being out of reach, cannot be extirpated, do well without it, merely

This, which, as I have observed before, is the doctrine of all our writers, has always stood upon the same principle, *viz.* the fear of hæmorrhage ; and all the propagators of it have always supposed, that nothing but a division of the whole sinus could possibly produce a cure ; which supposition is, by no means, true.

When the case is an abscess formed in the cellular membrane, the length of the sinus must be proportioned to the distance of the seat of such abscess from its external orifice : this is sometimes considerable, quite out of the reach of the finger in ano ; but it does, by no means, follow, that either this sinus must be divided through its whole length ; or that the disease cannot be cured ; and, therefore, that it is better not to meddle with it at all. Frequent experience proves the contrary. If all that part of it, which is within the reach of the finger in ano, (that is, all that part of it which is principally affected by the action of the muscles of the anus and rectum) be fairly divided ; if the wound, so made, be dressed in such manner, as to produce no inflammatory irritation ; if it be not frequently poked into, and examined ; and the patient's habit be properly taken care of, the length of the sinus will add very little to the difficulty attending the cure ; all that

merely by the help of nature ; who, when the matter is discharged, and such an opening made, as prevents any future lodgment, brings the sides of the cavity together, and endeavours thereby to obliterate it. It is true, that she can, but seldom, accomplish this end entirely ; I mean, throughout the whole length of the sinus ; the lower part generally remaining open, tho' contracted to narrow compass : this it is, most fre-

M 2 quently,

is out of reach will collapse and heal ; and the case will very soon be exactly the same, as if the whole hollow was within the finger's length.

The probability of a hæmorrhage from the large vessels about the upper part of the rectum, is a thing which ought, by all means, to be avoided, as it might give a great deal of trouble, and create some hazard ; but the operation, which would induce such apprehension, being quite unnecessary, this risque is out of the question.

The last-mentioned author (Heister) although in general a very exact and careful writer, seems, in his observations on this complaint, rather to have copied what our predecessors have written on it, than to have given us what his own experience might have furnished him with : the latter would have convinced him, that all his preparation by bleeding, purging, &c. before the operation, is quite unnecessary ; that the blind fistulæ are very little, if at all, more difficult of cure than the open ones ; and that the disease, in question, admits of being treated, and cured in pregnant women, as perfectly and as easily as in those who are not so. The contrary doctrines are, certainly, no rules of good practice, however venerable they may be from their antiquity.

quently, absolutely necessary to divide, in order to obtain a cure; but that part of the said sinus, (if there be any) which is out of the reach of the instrument guided by the finger in ano, is not a matter of that consequence, which it is supposed to be. If the lower part, or what is fairly within reach, be divided, such division will, in most cases, which are curable at all, be fully sufficient for a cure, as I have often and often experienced. I know, that this is contrary to the generally-received doctrine; but I know it is true; and am much inclined to believe, that the supposition of the necessity of laying open the whole sinus, however deep it may run, has contributed greatly to the fatigue and hazard which many people have unnecessarily undergone in this disease: it has occasioned such poking with long probes, and such cramming in of tents and dressings, as have proved extremely pernicious, and brought on symptoms and trouble, which would not have attended the same cases under other management.

ONE word more, and I have done with this part of my subject. As I have given my opinion so freely, concerning the practice of excision, a representation of the in-

conveniences likely to arise from it, might, from me, be thought to be an exaggeration : I shall, therefore, take the liberty, once more, to quote Mr. Le Dran ; who, considered as a patron of the practice, cannot be supposed to overcharge it. He says,

—“ Cette grande playe sera dans les commencemens pancée comme les autres ; mais quand les chairs commencent a se rapprocher elle demande des attentions particulières ; sans lesquelles, l'anus deviendroit si etroit que les excremens ne pourroyent y passer ; pour peu qu' ils ont de consistence. Il faut donc alors mettre jusque dans le rectum une tente de linge, lisse, assez longue, & assez grosse, pour entretenir le passage. Il faut même sur le fin, supplier a cette tente, par une espece de suppositoire d'yvoire, percé en forme de cannule ; & avoir soin de la bien assujettir par la bandage, a fin qu'elle ne forte pas. La cicatrice étant faite, il faudra que le malade porte cette suppositoire encore pres d'un an ; sans quoi la cicatrice serreroit l'anus de plus en plus.”

—“ This large wound should, at the first, be dressed like any other ; but when the sides begin to approach each other, it will then demand particular attention,

‘ lest

' lest the fundament should become so contracted, that the fæces, if they be at all hard, cannot be expelled. Therefore, in order to keep the passage of a proper size, a smooth tent made of linen should be introduced; which tent should be of such a size and length, as to serve the purpose for which it is intended. Toward the close of the cure, in the place of this, an ivory suppository, made in the form of a canula, must be substituted, and kept constantly in, by means of a proper bandage. Which suppository must be worn for near a year after the sore is perfectly healed; otherwise the cicatrix will contract the anus still more and more every day.<sup>m</sup>.'

THIS is what is called cutting for a fistula: this is the operation, which they, who have undergone it, do so pathetically describe and lament; and what they, who have the misfortune to be afflicted with the disease, do (from the account of others) so fearfully dread. It is true, that it has the

sanction

<sup>m</sup> To which he might have added, that when all this is done, and every precaution of this kind used; the patient will always find it difficult and painful, and sometimes absolutely impossible to retain a loose stool.—An evil still greater than the trouble of expelling a hard one.

sanc*t*ion of several eminent writers; that it is practised by many surgeons; and that it is recommended and exhibited by anatomo-chirurgical teachers; but notwithstanding these authorities, I shall not scruple to say, that it is cruel, unnecessary and wrong.

THAT, by these means, abscesses juxta-anum, and fistulæ in ano, (as they are called) are cured, I make no doubt; nay, I know that they are: but I also know, from repeated experience, that they are curable by means, which are more expeditious, more easy, and neither hazardous in the use, nor productive of evil in the event. I mean, by mere simple division of all that part of the sinus which is within reach; by soft, gentle treatment of the sore after such operation; and by proper care of the habit<sup>n</sup>.

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<sup>n</sup> When the habit is out of order, as it most frequently is in persons afflicted with this disorder, if recourse be not had to internals, the surgeon will gain little ground. This is a circumstance which ought always to be attended to; and it is, in some measure, owing to a want of due regard to it, that we find such a farrago of different dressings; such remedies for fungous, for foul, for callous sores, &c. These diseased appearances and circumstances most frequently proceed from disorders in the habit; and if that

be

THE hæmorrhage, (to say nothing of the pain) which now and then attends the extirpation of a large piece of the intestine and fundament, is alarming, both to weak minds, and to weak bodies; and the inconveniences arising from loss of substance about the verge of the anus, either in strong exercise, in the retention of loose stools, or the expulsion of hard ones, are so great, that I have known several people, who have daily, and sincerely wished for their uncut fistulæ

be not corrected, the same appearances will continue, notwithstanding all our escharotics, detergents, digestives, incarnatives, &c. &c. &c.

In cold, debauched, lax, or sluggish habits, if the patient be not warmed by aromatics, and braced by the bark, these cases will often prove tedious and troublesome.

From the induration of the parts about; from the face and color of the sore; and from the discoloured gleety discharge, callosity, latent mischief, and undiscovered sinuses will be suspected; whereas, in truth, neither one nor the other are the cause of such diseased appearances. The administration of proper remedies will, most commonly, in a few days, produce such an alteration, as the whole art of surgery could not (by mere externals) bring about in as many weeks, if at all. Many and many a sore of this kind have I seen brought into the Hospital, which has had all these disagreeable appearances; which has long, and fruitlessly, been treated with all the variety of externals; and which a decoction of the bark and radix serpentariae has, in a very short time, put into such a condition, as not to want any thing but dry lint.

fistulæ again ; and who, either from pain, or uncleanness, or both, have been rendered truly unhappy.

IN short, I can venture to assert, from many years experience, on a great variety of subjects, that when the disease is curable by chirurgic art, the method which I have proposed, will, with more ease, expedition, and certainty, attain that end, than the method by extirpation ; and that, without producing any of those very disagreeable circumstances, which Mr. Le Dran has so justly described.

AND for the truth of this assertion, I appeal to all those (many in number) who have, for these ten or twelve years past, attended St. Bartholomew's-Hospital.

## S E C T. VI.

**H**ITHERTO I have considered the disease either as an abscess, from which the matter has been let out by an incision, made by a surgeon ; or from

which the contents have been discharged by one single orifice, formed by the bursting of the skin, somewhere about the fundament.—I am now to take notice of it, when, instead of one such opening, there are several.

THIS state of the case generally happens, when the quantity of matter collected has been large, the inflammation of considerable extent, the adipose membrane very sloughy, and the skin worn very thin before it burst.—It is, indeed, a circumstance of no real consequence at all; but, from being misunderstood, or not properly attended to, is made one of additional terror to the patient, and additional alarm to the inexperienced practitioner: for it is taught, and frequently believed, that each of these orifices is an outlet from, or leads to, a distinct sinus, or hollow; whereas, in truth, the case is, most commonly, quite otherwise; all these openings are only so many distinct burstings of the skin covering the matter; and do all, be they few, or many, lead, and open immediately into, the one single cavity of the abscess: they neither indicate, nor lead to, nor are caused by distinct sinuses; nor would the

appearance of twenty of them (if possible) necessarily imply more than one general hollow.

If this account be a true one, it will follow, that the chirurgic treatment of this kind of case ought to be very little, if at all, different from that of the preceding: and that all that can be necessary to be done, must be, to divide each of these orifices, in such manner, as to make one cavity of the whole. This the probe-knife will easily and expeditiously do; and, when that is done, if the sore, or, more properly, its edges, should make a very ragged, uneven appearance, the removal of a small portion of such irregular angular parts, will answer all the purposes of making room for the application of dressings, and for producing a smooth, even cicatrix, after the sore shall be healed.

WHEN a considerable quantity of matter has been recently let out, and the internal parts are not only in a crude, undigested state; but have not yet had time to collapse, and approach each other; the inside of such cavity will appear large;

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and, if a probe be pushed with any degree of force, it will pass in more than one direction into the cellular membrane, by the side of the rectum. But let not the unexperienced practitioner be alarmed at this, and immediately fancy that there are so many distinct sinuses; neither let him, if he be of a more hardy disposition, go to work immediately with his director, knife, or scissars: let him enlarge the external wound, by making his incision freely; let him lay all the separate orifices open into that cavity; let him divide the intestine lengthwise by means of his finger in ano; let him dress lightly and easily; let him pay proper attention to the habit of the patient; and wait, and see what a few days, under such conduct, will produce. By this, he will frequently find, that the large cavity of the abscess will become small and clean; that the induration round about will gradually lessen; that the probe will not pass in that manner into the cellular membrane; and, consequently, that his fears of a multiplicity of sinuses were groundless. On the contrary, if the sore be crammed, or dressed with irritating, or escharotic medicines, all the appearances will be different:

rent: the hardness will increase; the lips of the wound will be inverted; the cavity of the sore will remain large, crude, and foul; the discharge will be thin, gleety, and discoloured; the patient will be uneasy and feverish: and, if no new cavities are formed by the irritation of parts, and confinement of matter; yet the original one will have no opportunity of contracting itself; and may, very possibly, become truly fistulous.

I WILL not say, that there never is more than one sinus, running along the side of the intestine (I mean, on the same side); but I will venture to assert, that, for one instance, in which the case is really so, forty are supposed, and talked of. Distinct and separate openings in the skin, from the same cavity, or sinus, are common, but perfectly distinct sinuses, running along the intestine, on the same side, are very far from being so; they are very uncommon.

I SHOULD be sorry, to have such a misconstruction put upon what I have said, as to have it supposed, that I made light of a disease, which, every body knows, is, sometimes, attended with very troublesome

some circumstances: or, that I make pretension to any particular secret method of treating it: or, that I think myself more capable of conducting it than the generality of practitioners: as none of these are true, I should be sorry, to have them imputed to me. I do allow, (what is, undoubtedly, true) that this disease, in some constitutions, and under some circumstances, will engage the attention, and exercise the judgment of the best and most able practitioner; but, on the other hand, I must repeat, that a great deal of the trouble, which it is sometimes attended with, does not arise from the disease itself, but from misconception, and improper treatment.

I HAVE freely, and without reserve, related that method of treatment, which I have found to be most successful; nor do I know any applications, which are at all specific, or more proper for this kind of sore than for all others, in parts of the same structure: the most simple, and they which give the least pain, are the best: neither these, nor mere dry lint, should ever be introduced in larger quantity than can be admitted, and borne with ease; that

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the fore may not be distended, but a fair opportunity given to nature to contract it gradually.

THIS every practitioner may be capable of executing, since it consists more in abstaining from doing mischief, than in doing any thing which may require particular judgment or dexterity. It is true, that the method which I have proposed, will considerably lessen the chirurgic apparatus of instruments and dressings; but it will be attended with success, and produce that which every patient has a right to expect from his surgeon;—a firm cure, in a short space of time, and with the least possible fatigue.

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IT sometimes happens, that the matter of an abscess, formed *juxta anum*, instead of making its way out through the skin, externally near the verge of the anus, or in the buttock, pierces through the intestine only. This is what is called a blind, internal fistula: *Fistule borgne interne*.

IN this case, after the discharge has been made, the greater part of the tumefaction subsides, and the patient becomes easier. If this does not produce a cure, which sometimes, though very seldom, happens, some small degree of induration generally remains in the place, where the original tumor was; upon pressure on this hardness, a small discharge of matter is frequently made per anum; and sometimes the expulsion of air from the cavity of the abscess into that of the intestine, may very palpably be felt, and clearly heard: the stools, particularly, if hard, and requiring force to be expelled, are sometimes smeared with matter; and although the patient, by the bursting of the abscess, is relieved from the acute pain, which the collection occasioned; yet, he is seldom perfectly free from a dull kind of uneasiness, especially if he sits for any considerable length of time in one posture. The real difference between this kind of case, and that in which there is an external opening (with regard to method of cure) is very immaterial; for an external opening must be made, and then all difference ceases. In this, as in the former,

No cure can reasonably be expected, until the cavity of the abscess, and that of the rectum, are made one; and the only difference is, that in the one case we have an orifice at, or near, the verge of the anus, by which we are immediately enabled to perform that necessary operation; in the other, we must make one.

SOME of the best of the modern writers have, I think, represented this state of the disease, in such manner, as to make it seem to labour under difficulties, which, I cannot say, that I ever found it really did; and have thereby thrown the appearance of obscurity and trouble, on what is generally clear, and easy.

IN Mr. De la Faye's very excellent notes on Dionis, is the following passage.

“ Lorsque les fistules n'ont pas d'ouverture externe, & que rien ne designe le lieu où il faut faire l'operation, il y a deux moyens de le decouvrir. Le premier est de l'invention de feu Mr. Thibaut, qui portoit le doigt index dans l'anus, & le recourboit; ensuite en le tirant un peu a lui, pour ramener a l'exterieur, le foyer de la matiere; tan-

" dis qu' il pressoit avec un autre doigt  
 " les environs du fondement: la douleur  
 " qu' il causoit au malade marquoit le  
 " lieu où il falloit faire l' incision pour  
 " rendre la fistule complete. Le second  
 " est de Mr. Petit, qui met dans l' anus  
 " pendant vingt-quatre heures une tente  
 " qui touchant l' ouverture de la fistule,  
 " empêche le pus de s' écouler, & le ra-  
 " masse en assez grande quantité pour faire  
 " a l' extérieur une tumeur, qu' indique le  
 " lieu où il faut faire l' opération." —

When fistulæ have no external opening,  
 and there is no mark, whereby to distin-  
 guish the place where the operation  
 ought to be performed, there are two  
 methods of discovering it: the first is,  
 that of the late Mr. Thibaut, who put  
 his fore-finger into the rectum, and  
 curving it, endeavoured to bring the  
 foyer, (that is, the hollow which fur-  
 nishes the matter,) nearer to the external  
 part of the fundament; while, with his  
 other finger, he pressed all the parts  
 round about: the pain which he, by  
 these means, gave to the patient, marked  
 out the place where the incision ought  
 to be made, in order to render the fi-  
 stula complete. The second method is,

that of Mr. Petit. He put into the anus, for the space of twenty-four hours, a tent; which, by stopping up the orifice of the fistula, hindered the matter from running out into the cavity of the gut, and forced it to be collected in such quantity as to form an external tumefaction, sufficient to indicate the place where the operation ought to be performed.'

THE former of these, as far as it depends on that single circumstance, that the point where the pain is felt is the exact place where the opening ought to be made, is, by no means, to be depended upon: the latter method is operose, troublesome; and, in general, very insufficient for the purpose. If the orifice, through which the matter has made its way, lies high in the intestine, a tent cannot be introduced so as to press against it sufficiently, unless it be so long, and so large, as to occupy the whole cavity of the gut. How fatiguing, and how difficult, the retention of this, for twenty-four hours, must be to many people, is easy to imagine: if the orifice be near to the fundament, in the lower part of the intestine, the possi-

bility of closing it may be somewhat greater ; but the inconvenience must be nearly the same, as well as the uncertainty.

IN short, not to enter farther into this totally unnecessary kind of practice, I would advise the man, who thinks to try it, to consider the stricture made by the contraction of the verge of the anus ; the expansion of the cavity of the gut, immediately above that stricture ; the great dilatability of the membranes of the intestine, and the uneven, wrinkled state in which it must necessarily be ; and then to reflect, how very unlikely it is, that he should, without filling the whole cavity, stop, or block up a small breach, whose exact situation he cannot know, or learn.

IT is true, that by discharge of the matter into the cavity of the intestine, the fluctuation of it within the abscess is no more to be felt ; the tension ceases ; the tumor, in great measure, subsides ; and, consequently, all these indications of its situation disappear ; but I do not remember, ever to have seen a single case of this kind, in which there was not in the but-  
tock,

stock, or near to the verge of the anus, either a remaining discoloration of the skin; or a hardness, or something by which the finger of a careful, judicious examiner could clearly and certainly find where the disease was. Each of the circumstances just mentioned do, as certainly, point out where the hollow leading to the sinus is, as the fluctuation of the matter did, before the cavity burst; and a knife, or lancet, plunged into this (provided it be pushed deep enough) will never fail to enter the said hollow. When this is done, the case becomes, what is commonly called complete, and must be treated accordingly.

## S E C T. VII.

**I** COME now to that state of the disease, which may, truly and properly, be called fistulous. This is generally defined, sinus angustus, callosus, profundus; acri sanie diffuens: or, as Dionis translates it, “ Un ulcere profond, & caver-  
“ neux, dont l’ entrée est etroite, & le  
“ fond plus large; avec issue d’ un pus  
“ acre

“ acre & virulent ; & accompagné de cal-  
“ losités.”

VARIOUS causes may produce, or concur in producing, such a state of the parts concerned, as will constitute a fistula, in the proper sense of the word ; that is, a deep, hollow sore, or sinus, all parts of which are so hardened, or so diseased, as to be absolutely incapable of being healed, while in that state ; and from which a frequent, or daily, discharge is made, of a thin, discolored sanguis, or fluid.

THESE I shall take the liberty of dividing into two classes, *viz.* those which are the effect of neglect, distempered habit, or of bad management ; and which may be called, without any great impropriety, local diseases : and those which are the consequence of disorders, whose origin and seat is not in the immediate sinus or fistula, but in parts more or less distant ; and which, therefore, are not local complaints.

THE natures and characters of these are obviously different by description ; but they are still more so in their most frequent

quent event: the former being generally curable by proper treatment; the latter frequently not so, by any means whatever.

UNDER the former, I reckon all such cases, as were originally mere collections of matter within the coats of the intestine rectum, or in the cellular membrane surrounding the said gut: but which, by being long neglected, grossly mismanaged; or, by happening in habits which were disordered, and for which disorders no proper remedies were administered, suffer such alteration, and get into such state, as to deserve the appellation of fistulæ.

UNDER the latter, are comprised all those cases, in which the disease has its origin and first seat in the higher and more distant parts of the pelvis; about the os sacrum, lower vertebræ of the loins, and parts adjacent thereto; and are, either strumous, or the consequence of long and much distempered habits: or the effect of, or combined with, other distempers, local, or general; such as a diseased neck of the bladder, or prostate gland,

or

or urethra: the lues venerea, cancers, &c.  
&c. &c.

AMONG the very low people, who are brought into hospitals, we frequently meet with cases of the former kind: cases, which, at first, were mere simple abscesses; but which from uncleanness, from intemperance, negligence, and distempered constitutions, become such kind of sores, as may be called fistulous.

IN these, the art of surgery is, undoubtedly, in some measure, and at some time, necessary; but it very seldom is the first, or principal fountain, from whence relief is to be sought: the general effects of intemperance, debauchery, and diseases of the habit, are first to be corrected, and removed before surgery can, with propriety, or with reasonable prospect of advantage, be made use of. If the patient be infected with the lues venerea, that must first be cured; if he be anasarca, or leucophlegmatic, that indisposition must be corrected; if he be feverish, that heat must be calmed; and if he labour under any of the general ill effects arising from foul skin, dirty cloathing, unclean, and

unwholesome lodging, &c. producing pallid countenance, undue secretions, loss of appetite, oedematous legs, intermittent fevers, &c. the state of blood, which always accompanies such complaints, must be amended, before surgery can be administered to any good purpose. If knife, caustic, or whatever other external means are thought proper to be used, be applied before such general evils have been corrected, they will do little, or no good ; and may do much mischief. On the contrary, when the lues is corrected ; when the patient is cool, and gets good sleep ; when the secretion of urine is so re-established, the general absorbent faculty so restored, and the solids so braced, that the legs cease to swell, and the patient recovers his natural appetite and complexion, we find the local disease, instead of standing still, has almost always made great advances towards being cured, by being altered in all the principal circumstances of induration, crudity, gleet, &c. Whatever chirurgic operation or treatment may now be necessary, will, in all probability, succeed immediately ; whereas, all our attempts before such care, do, and must prove fruitless.

THE surgery required in these cases consists in laying open, and dividing the sinus, or sinuses, in such manner that there may be no possible lodgment for matter, and that such cavities may be fairly opened lengthways into that of the intestine rectum: if the internal parts of these hollows are hard, and do not yield good matter, which is sometimes the case, more especially where attempts have been made to cure by injecting astringent liquors, such parts should be lightly scratched, or scarified, with the point of a knife or lancet, but not dressed with escharotics; and if, either from the multiplicity of external orifices, or from the loose, flabby, hardened, or inverted state of the lips and edges of the wound near to the fundament, it seems very improbable, that they can be got into such a state, as to heal smooth and even, such portion of them should be cut off, as may just serve that purpose. The dressings should be soft, easy, and light; and the whole intent of them to produce such suppuration as may soften the parts, and may bring them into a state fit for healing.

IF a loose, fungous kind of flesh has taken possession of the inside of the sinus, (a thing much talked of, and very seldom met with) a slight touch of the lunar caustic will reduce it sooner, and with better effect on the sore, than any other escharotic whatever.

THE method and medicines, by which the habit of the patient was corrected, must be continued, (at least, in some degree) through the whole cure; and all those excesses and irregularities, which may have contributed to injure it, must be avoided.

BY these means, cases, which, at first, have a most disagreeable and formidable aspect, are frequently brought into such state, as to give very little trouble in the healing.

MORE trouble must be supposed to attend this kind of case, than does a mere simple, recent abscess; and more time will necessarily be required to bring the parts into a kindly state; but, under proper conduct, they will, in general, be found to do

well, without any of those operations, which mankind have such dread of, and which are, in general, taught and practised.

IF the bad state of the sore arises merely from the improper manner, in which it may have been treated; I mean, from its having been crammed, irritated, and eroded; the method of obtaining relief is so obvious, as hardly to need recital.

A PATIENT, who has been so treated, has, generally, some degree of fever; has a pulse, which is too hard, and too quick; is thirsty, and does not get his due quantity of natural rest. A sore, which has been so dressed, has, generally, a considerable degree of inflammatory hardness round about; the lips and edges of it are tumid, full, inflamed, and, sometimes, inverted; the whole verge of the anus is swollen; the hæmorrhoidal vessels are loaded; the discharge from the sore is large, thin, and discoloured; and all the lower part of the rectum participates of the inflammatory irritation, producing pain, bearing-down, tenesmus, &c. *Contraria contrariis* is never more true than in this instance: the painful, uneasy state of the sore, and of the

the rectum, is the great cause of all the mischief, both general and particular ; and the first intention must be to alter that. All escharotics must be thrown out, and disused ; and in lieu of them, a soft digestive should be substituted, in such manner, as not to cause any distention, or to give any uneasiness from quantity ; over which, a pultice should be applied ; these dressings should be renewed twice a day ; and the patient should be enjoined absolute rest. At the same time, attention should be paid to the general disturbance, which the former treatment may have created. Blood should be drawn off from the sanguine ; the feverish heat should be calmed by proper medicines ; the languid and low should be assisted with the bark and cordials ; and ease in the part must, at all events, be obtained by the injection of anodyne clysters of starch and opium.

If the sinus has not yet been laid open, and the bad state of parts is occasioned by the introduction of tents imbued with escharotics, or by the injection of astringent liquors, (the one for the destruction of callosity, the other for the drying up gleet and humidity,) no operation of any kind should

should be attempted until both the patient, and the parts are easy, cool, and quiet : cataplasms, clysters, rest, and proper medicines must procure this ; and when that is accomplished, the operation of dividing the sinus, and (if necessary) of removing a small portion of the ragged edges, may be executed, and will, in all probability, be attended with success. On the contrary, if such operation be performed, while the parts are in a state of inflammation, the pain will be great, the sore for several days very troublesome, and the cure prolonged, or retarded, instead of being expedited.

PARTICULAR, individual cases may require little particularities, in the treatment ; but what I have drawn is the general outline. In this, as in most parts of physic and surgery, the first and great object is, to know what the intention is, which ought to be pursued ; when that is clear and determined, a man of any degree of knowledge will seldom be at a loss for materials wherewith to execute it.

ABSCESSSES, and collections of diseased fluids, are frequently formed about the lumbal vertebræ, under the psoas muscle; and near to the os sacrum: in which cases, the said bones are sometimes carious, or otherwise diseased. These sometimes form sinuses, which run down by the side of the rectum, and burst near to the funda-  
ment.

THE discharges from these are generally large, fœtid, thin, and sharp; it is, therefore, no wonder, that the sinuses, by which they are made, together with the orifices thereof, become hard and callous; that is, truly fistulous: but it must be obvious to every one, who will consider it, that the chirurgic treatment of these sores and sinu-  
ses can be of very little consequence to-  
wards curing the diseases from whence they arise: their seat is generally out of the reach either of our instruments, or our applications; and their nature is not fre-  
quently found to be capable of being al-  
tered by medicine. However that may be, certain it is, that what advantage a per-  
son in such circumstances is at all likely to receive, is not derivable from surgery; but  
must

must be from medicine, or from more powerful nature.

PERSONS, who have long laboured under what is commonly called a cachectic habit, have sometimes large collections of matter formed in the cellular membrane within the cavity of the pelvis; which, like the preceding, form sinuses, and burst their way out near the anus. These sinuses, from the nature of the discharge; from the depth of the seat of the disease; and from the length of time, which the drain continues, do almost necessarily become fistulous.—Such collections do sometimes prove salutary crises; though much more frequently they hasten the patient's dissolution: but be the event which it may, although the sore is certainly fistulous, yet can the art of surgery do very little, if any material service. If the event be good, the crisis must be far advanced, and very nearly determined, before any operation, or even dressing (except what is superficial, and merely for the purpose of cleanliness) can be of any use; and if the discharge proves too much for the strength of the patient, it is pretty clear, that neither the art of surgery, nor indeed any other, can avail him.

ON the other hand, if it so happens, that nature is so powerful, that, by means of this drain, she can free the habit from its former diseased state; or, if by the help of medicine, such alteration can be brought about, the fistula will not prove very troublesome: for the same alteration, at least in some degree, will be found to have been made in that; and if it be not brought thereby absolutely into a healing state, yet it will be found to be so much altered in its principal circumstances, that the common method, already laid down, will be fully sufficient for the completion of a cure.

WE are, by authors, very frequently advised not to be too hasty in the cure of these cases; as the continuance of the discharge may prove beneficial to the patient. That these discharges are now and then of great advantage, is beyond all doubt; but very happily for such patients, the healing or not healing these sores is very seldom within our determination. We may, indeed (and, I fear, often do) by indiscreet conduct, prevent a sore from healing, when it is nature's intention that it should be healed; but when she finds herself relieved,

ved, or benefited by a discharge of this kind, she will generally continue it, in spite of our most officious endeavours to the contrary.

CANCERS and cancerous sores are sometimes formed in the cavity, or in the neighbourhood of the rectum, and fundament : in which they make most terrible havock, and afford most melancholy spectacles.

As I do not know what will cure a cancer, I leave the discussion of this to those who say that they do ; most sincerely wishing, that it was in my power to say, that I had, once in my life, known them to have fulfilled their promise.

FISTULOUS sores, sinuses, and indurations about the anus, which are consequences of diseases of the neck of the bladder, and urethra, called fistulæ in perineo, require separate, and particular consideration.

IN these the external openings, with the sinuses leading from them into the cellular membrane, are the least part of the complaint: the stricture in the urethra, the in-

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duration of the whole neck of the bladder; the hardened, fungous, enlarged, or ulcerated state of the prostate gland; the diseases of the verumontanum, of the vesiculæ seminales, and vasa deferentia, are the great and principal objects of consideration.

A very serious consideration, they certainly make. Great and manifold are the miseries which are derived to mankind from these causes; and much more diligent inquiry do they deserve, than they have yet met with: but as they do not immediately belong to my present subject, I must omit, or, at least, to another opportunity defer, entering into them.

*F I N I S.*









